Wells

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1967

19791

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Washington  City or town. Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospital, institution, or street address where death occurred:  Cearloss Garage  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State laryland county Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 912 Hamilton Blyd (If rural, give LOCATION)  2.(a) tf veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Paul Joseph Baker, Paul Joseph	
4. Sex   5. Color or race   8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Wale Mak White Married	20. DATE DF DEATH. December 4 1945 19 5A
8.(b) Name of husband or wife Elsie M.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	and thet I last saw halive on
deceased (mo., day, yr.) May 9 1900.  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
45 6 25hrsmin.	carbonmonoxide poisoning auto
9. Sirthplace Mason-Dixon Franklin Co. Pa.	Due to
10. Usual occupation Garage Owner	
11. Industry or business Cearfoss Garage	Due to
	Dither conditions
12. Name Daniel Baker 13. Birthplace Masin Dixon pa.	
A. Carrier and Car	(Include pregnancy within 3 months of death)
14. Maiden name Lillian Bowers 15. Birthpiace Hagerstown Md.	Major findings of operations.
Mary Franka Dalana	Autopsy results.  Date of op.  Date of op.
**	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following: Dec/4/45  Accident, suicide, or homicide. Bate of Dec/4/45  Hagerstown Wash Md. (Cearfos
Cemetery or crematory. Rest Haven Cemetery	(City or town) (County) (State)
Locetion Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Meens of Injury ell asleep in clased of arage with motor running
Address Hagerstown Md.	SID Sent I roll DEFUTY MEDICAL EXAM.
" Dec 6 "45 ChaftBowers,	23. Helding Co. MAND. CO. M. C.
19. Dec - 6 19.45 Chasfft Jowes N, (Date rec'd by registrar) Registrar	Address the est town med Date signed ac 5/45

Address Pay on Low

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 8 1945
BURLAUVE

# 2411 N. Charles St., Baltimore

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			CERTIFICAT	TE OF DEATH Reg. Diat. No.	502
	ngton  cerstown  of death?  Street address where  ton Cour	imits, write l LYS death occurre LTY He	RURAL and give nearest town) d:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Penna, County Franklir  City or town Greencastle  (If ontside city or town limits, write RURAL and give  Street No. So. Carlisle St.  (If rural, give LOCATION)  None	nearest town)
3. (a) FULL NAM				3. (b) Social Securi	ity Number
	s Brown			179-12	-434-7-
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	A
Male	White	I	ivorced	20, DATE OF DEATH. December 31 194519	. 8.40
	Me	ייי איי		21. I CERTIFY that death occurred on the date above stated: that I attended d	
				12-7 19 45 10	
7 Right date of	•••••	6.(	(c) It alive, give age	and that I last saw h Landalive on	1 7 31 10 45
deceased (mo., day, y	n) July	24 19	300	Immediate cause of death.	
8. AGE: Years	Months	Days	If less than one day	This bette Come	60 hours
45	5	7	hrsmin.		
1D. Usual occupation  11. Industry or business HHV4 12. Name	Labore Landis Charles E Shady Gr Catherin Shady	er  Barnha  cove F  ne R.  Grov	rt Pa. Linganfelter Pa.	Ous to	
16. Informant	Amanda	Barni	lart	Antopay results.	
Address	Green			PHYSICIAN: Please underline the caose to which death should be charged	ged statistically.
, Burial		Date the	month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
	, or removal, Which?			Accident, suicide, or homicide	
			Cemetery	Where did injury occur?	(State)
Location	Green	castle	Pa.	Injured at home, farm, industry, public place (where?)	***************************************
1R. Funeral director	A E.M:	nnich		Means of Injury Injured at work?	
Address	Greeno			//	7 72
19. (Date rec'd by res		-	Hast Bowers	23. SIGNATURE OL IT Horson kut  Not w. was his g to be  Address Stagens Town, Re State sign	D, or other

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3 1946 BURBAT V.B.

2411 N. Charles St., Baltimore

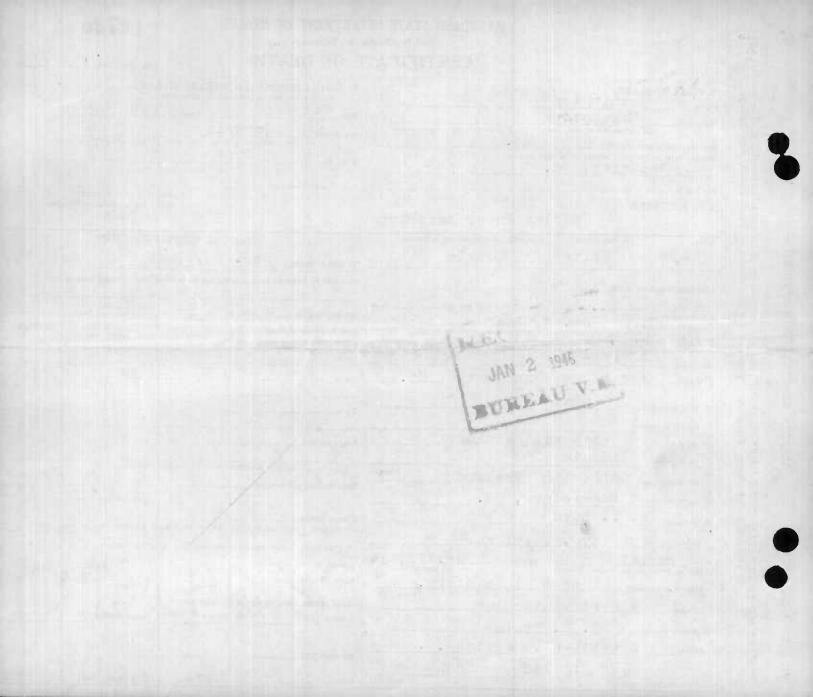
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Washington (For newborn infants give residence of mother) County..... Maryland Washington City or town. (If outside city or town limits, write RURAL and give nearest town) Security How long in above place of death?..... carefull Hospital, Institution, or street address where death occurred: Security. Md. clearl (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Charles Edsel Burnhart None 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION BINDING Male White Single Dec. 25, 1945 10 5:10 P. 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that attended deceased from B.(b) Name of husband or wife..... Dec, 24 1945 10 be, 23 7 Right date of Nov. 4. 1945 deceased (mo., day, yr.) DURATION If less than one day MARGIN RESERVED 8. AGE: 21 9. 6 | Hagerstown, Washington, Md. (Town, county, and state) Infant 10. Usual occupation. 11. Industry or business Cohen Edsel Barnheart Indinia important. (Inclade pregnancy within 3 months of death) 14. Maiden name Catherian Seekord Major findings of operations..... 15. Birthplace Hagerstown, Md. 16. Interment E. I. Hurd PLAINLY, is especially PHYSICIAN: Please anderline the cause to which death should be charged statistically. Address Security . Maryland. 22. VIOLENCE: If death was due to external causes, fill in the toliowing; 17. Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or crematory Rose Hill Cemetery SEWRITE (Connty) Location Hagerstown Maryland Injured at home, tarm, Industry, public place (where?) ..... Means of injury 18. Funeral director F. W. Kraiss

23. SIGNATURE

Registrar

Hagerstown . Maryland .

SA



2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

302

Comment   Country   Figure   Control   Country   Count		Reg. Dist. No.
Cit custable city or town limits, write RURAL and give nearest town)  How long in hasher place of death?  Assert long in hasher place of death?  Assert long in hasher later dedess where death occurred:  Assert long in hasher later dedess where death occurred:  Assert long in hasher later dedess where death occurred:  Assert long in hasher later dedess where death occurred:  Assert long in hasher later dedess where death occurred:  Assert long in hasher later dedess where death occurred:  Assert long in hasher later later dedess where death occurred:  Assert long in hasher later lat	County Washington	(For newborn infants give residence of mother)
Street No.   132 Blooms   Are	How long in above place of death? 1 Day	
3. (a) FULL NAME  Harry Odell Barton Jr.  5. Color or race  6. (a) Single. married, widowed, or disorced  Male  White Single  5. (b) Name of husband or wife.  5. (c) Name of husband or wife.  5. (c) Name of husband or wife.  7. Birth date of deceased (no., dar, yr.)  May 1 1919  8. AGE: Verr Manhs Days It less than one day  26	Hospital, Institution, or street address where death occurred:  Washington county Hpepital	Street No. 132 Blooms Are (If rural, give LOCATION)
Harry Odell Barton Jr.  4. Sex S. Color or race S. (a) Single married, widowed, or divorced Male white Single  5. (b) Mane of husband or wife Single  5. (c) Mane of husband or wife Single  5. (c) Halle, give age Single Married, widowed, or divorced MEDICAL CERTIFICATION  20. Date of pears. December 3 1945 19. 11-58  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		H- Control of the Con
Sex   S. Color or race   S. (co) Single, married, widowed, or divorced   MEDICAL CERTIFICATION		
Male white Single  5.(6) Name of husband or wife.  5.(6) Hallow, give age.  7. Birth date of deceased (mo. day, yr.) May 1 1919  8. AGE: Years Months Days If less than one day  26 7 2 hrs.  9. Birthplace. Hagerstown wash. Co. Md.  10. Usual occupation. Laborer  11. Industry or business Junk Yard  12. Kame. Harry O. Barton Sr.  13. Birthplace Greencastle Pa.  14. Malden name.  15. Birthplace waynesboro Pa.  16. Informant Mrs. Ella S. Barton  Address Hagerstown Md.  17. Burial  18. Energial director. Andrew K. Coffnan  Address Hagerstown Md.  18. Faneral director. Andrew K. Coffnan  Address Hagerstown Md.  19. Obstate of pears December 3 1945 19  20. Date of pears December 3 1945 19  21. IceRTIFY that death occurred on the date above stated; that latended deceased from 19.  19. Immediate cause of death.  19. Immediate cause of death.  19. Due to.  11. Industry or business Junk Yard  11. Industry or business Junk Yard  12. Kame Harry O. Barton Sr.  13. Birthplace waynesboro Pa.  14. Malden name.  15. Birthplace waynesboro Pa.  16. Informant Mrs. Ella S. Barton  Address Hagerstown Md.  17. Eurial  18. Faneral director. Andrew K. Coffnan  Address Hagerstown Md.  19. Complete the case to which death should be charged statistically.  19. Usual occupation in the following:  19. Complete the case to which death should be charged statistically.  19. Complete the case to which death courted from the conditions of death)  19. Where did injury occur? Hagerstown Mrs.  19. Complete the case to which death should be charged statistically.  19. Where did injury occur? Hagerstown Mrs.  19. Complete the case to which death should be charged statistically.  19. Complete the case to which death should be charged statistically.  19. Complete the case to which death should be charged statistically.  19. Complete the case to which death should be charged statistically.  19. Complete the case to which death should be charged statistically.  19. Complete the case to which death should be charged statistically.  19. Complete the case to		213-12-7017
8.(b) Name at husband or wife.  7. Birth date of deceased (me., day, yr.) May 1 1919  8. AGE: Years Months Days It less than one day  26 7 2 hrs. min.  9. Birthplace. Hagerstown wash. Co. Md.  10. Usual occupation. Laborer  11. Industry or business Junk Yard  12. Name. Harry O. Barton Sr.  13. Birthplace waynesboro Pa.  14. Maiden name. Ella Smtth  Address Hagerstown Md.  15. Birthplace  16. Informant Mrs. Ella S. Barton  Address Hagerstown Md.  16. Entered director. Andrew K. Coffnan  Maddress Hagerstown Md.  18. Funeral director. Andrew K. Coffnan  Maddress Hagerstown Md.  18. Funeral director. Andrew K. Coffnan  Maddress Hagerstown Md.  18. Funeral director. Andrew K. Coffnan  Maddress Hagerstown Md.  19. Signal data occurred on the date above stated; that I attended deceased from  19. Information of the data obove stated; that I attended deceased from  19. Information of the data obove stated; that I attended deceased from  19. Information of the data obove stated; that I attended deceased from  19. Industry of the data occurred on the data obove stated; that I attended deceased from  19. Industry of the data occurred on the data obove stated; that I attended deceased from  19. Industry of the data occurred on the data obove stated; that I attended deceased from  19. Industry of the data occurred on the data obove stated; that I attended deceased from  19. Industry of the data occurred on the data obove stated; that I attended deceased from  19. Industry of the data occurred on the data occurred on the data occurred on the data occurred on the data bare stated.	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T. Birth date of decessed (mo., day, rr.) May 1 1919  8. AGE: Years Months Days It less than one day 2	Male white Single	20. DATE OF DEATH December 3 1945 19 4:58.
Second faller, give age	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Same	7. Birth date of	and that I last saw halive on
26 7 2 hrs. min.  9. Birthplace Hagerstown wash. Co.s. Md. 11h  1D. Usual occupation. Laborer  11. Industry or business Junk Yard  21. Name. Harry O.s. Barton Sr. 13. Birthplace Greencastle Pa. 21. Maiden name. Ella Smith  15. Birthplace waynesboro Pa. 21. Birthplace waynesboro Pa. 21. Birthplace waynesboro Pa. 22. Violence of operations. Major findings of operati		Immediate cause of death
9. Biripplace. Hagerstown wash. Co. Md.  (Town, county, and state)  1D. Usual occupation. Laborer  11. Industry or business Junk Yard  2	o. Add.	
10. Usual occupation. Liaborer   11. Industry or business Junk Yard   12. Name. Harry O.s. Barton Sr.s.   13. Birthplace Greencastle Pa.   (Include pregnancy within 3 months of death)   14. Maiden name. Ella Smith   (Include pregnancy within 3 months of death)   (Include pregnancy within 3 months of deat	26 7 2mln.	Fractured skull hemorrhage
11. Industry or business Junk Yard    12. Name Harry O. Barton Sr.     13. Birthplace Greencastle Pa.     14. Maiden name Ella Smith     15. Birthplace waynesboro Pa.     16. Informant Mrs. Ella S. Barton     Address Hagerstown Md.     17. Burial   Date thereof 12/5/45     (Burial, cremation, or removal, Which)     Cemetery or crematory. Rose Hill Cemetery     Location Hagerstwon Md.     18. Funeral director. Andrew K. Coffman     Address Hagerstown Md.     Address Hagerstown Md.     Location Hagerstwon Md.     Location Hagerstwon Md.     Location Hagerstwon Md.     Address Hagerstown Md.     Location Hagerstwon Md.     Location Hagerstown Md.     Location Hagerstow	(Town, county, and state)	Due to and shock IIII
11. Industry or business Junk Yard    12. Name	1D. Usual occupation Laborer	Rue to
Differ conditions  12. Name Harry O. Barton Sr.  13. Birthplace Greencastle Pa.  14. Maiden name Ella Smith  15. Birthplace waynesboro Pa.  18. Informant Mrs. Ella S. Barton  Address Hagerstown Md.  17. Burial  (Burial, cremation, or removal Which?)  Cemetery or crematory.  Rose Hill Cemetery  Location  Hagerstown Md.  18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide. Accident  Bale of op.  Accident, suicide, or homicide. Accident  Bal	11. Industry or business Junk Yard	
13. Birthplace Greencastle Pa.   (Include pregnancy within 3 months of death)		
14. Malden name   Ella Smith   Major findings of operations.		
Address Hagerstown Md.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Rose Hill Cemetery  Location Hagerstwon Md.  18. Funeral director Andrew K. Coffman  Address Hagerstown Md.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide Accident Date of 12/1/4  Where did injury occur? Hagerstown Wash. Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Maans of injury Fell and Struck injured at work?  23. Signards: Wash. Co., MD  24. Signards: Wash. Co., MD		(Include pregnancy within 3 months of death)
Address Hagerstown Md.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Rose Hill Cemetery  Location Hagerstwon Md.  18. Funeral director Andrew K. Coffman  Address Hagerstown Md.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide Accident Date of 12/1/4  Where did injury occur? Hagerstown Wash. Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Maans of injury Fell and Struck injured at work?  23. Signards: Wash. Co., MD  24. Signards: Wash. Co., MD	14. Maiden name	Major findings of operations
Address Hagerstown Md.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Rose Hill Cemetery  Location Hagerstwon Md.  18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  Address Hagerstown Md.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide, Accident Where did injury occur? Hagerstown Wash.  Injured at home, farm, industry, public place (where?)  Maans of injury Fell and struck injured at work?  Maans of injury Fell and struck injured at work?  23. Signards: Wash. Co., MD  24. Signards: Wash. Co., MD  25. Signards: Wash. Co., MD		Date of op.
Address Hagerstown Md.  17. Burial Date thereof. 12/5/45 (Burial, cremation, or removal. Which?)  Cemetery or crematory. Rose Hill Cemetery  Location Hagerstwon Md.  18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  22. VIOLENCE: It death was due to external causes, till in the following:  12/1/4  Accident, suicide, or homicide. Accident Date of 12/1/4  Where did Injury occur? Hagerstown Vash. Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Means of Injury Fell and struck injured at work?  Means of Injury Fell and struck injured at work?  23. Signature Wash. Co., MD.  24. Signature Wash. Co., MD.	18. Informant Mrs. Ella S. Barton	Antopsy results
Date thereof	Address Hagerstown Md.	
Cemetery or crematory Rose Hill Cemetery  Location Hagerstwon Md.  18. Funeral director Andrew K. Coffman  Address Hagerstown Md.  23. Signards Where did injury occur? (County) (County) (State)  Where did injury occur? (County) (County) (State)  Injured at home, farm, industry, public place (where?) (Injured at work?)  Means of injury Fell and struck injured at work?  23. Signards Where did injury occur? (County) (State)  Where did injury occur? (County) (County) (State)  Where did injury occur? (County) (State)  Wash. Co., MD  24. Signards Where did injury occur? (County) (State)  Wash. Co., MD  25. Signards Where did injury occur? (County) (State)  Wash. Co., MD	17 Burial Date thereof 12/5/45 (Burial cremation or removal Which?) (Burial cremation or removal Which?)	Regident guilde or homiside Accident Bate of 12/1/45
Location Hagerstwon Md.  IB. Funeral director Andrew K. Coffman  Address Hagerstown Md.  Address Hagerstown Md.  23. Signards Wells Wash. Co., MD  Mans of Injury Fell and struck Injured at work?  WASH. CO., MD  23. Signards Wells Wash. Co., MD	Page Hill demetery	Where did injury occur? Hagerstown 1251.
18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  DEPUTY MEDICAL STRUCK Injured at work?  DEPUTY MEDICAL STRUCK Injured at work?  DEPUTY MEDICAL STRUCK INJURED AND WASH. CO., MD  23. SIGNATOR When I Wash. Co., MD	Hawaratwon Md	County or an indiana Lat.
Address Hagerstown Md.  23. SIGNATOR White Wells WASH. CO., MD  M. D. STATER  M. D. ST	LUCATION	Means of Injury 1 ell 2 and Struck Injured at work?
DEC 5 145 Chest Bowers, 23. SIGNATURE. M. D. O. M. D.		DEPUTY BEDTONE
M. D. of these the ower,	Address Hagerstown Md.	
LOCAL DE LOC	19. Occ 5 19 45 Phesh Cover, (Date rec'd by registrar) Registrar	Address Date signed 2 141/4

Registrar Address Date signed 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

DEC 7 B45
BUREAU V S.

2411 N. Charles St., Baltimore 832

### CERTIFICATE OF DEATH

302

	TOST DIEL TOMARMAN	
1. PLACE OF DEATH:  County. Washington County  City or town. Hagerstown ining write RURAL and give nearest town)  How long in above place of death? 1.7 days  Hospital, institution, or street address where death occurred:  Washington County Home Hagerstown Md  How long in hospital or institution? 17 days  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Waryland  State  County  City or town Sharps burs imits, write NURAL and give neurest to the state of the sta	*****************
George W. Beeler	None	
4. Sex   S. Color or race   6.(a) Single, married, widowed, or divorced   Male   Colored   widowed	MEDICAL CERTIFICATION  20. DATE OF BEATH DECEMBER 17th 19 45 ,21	<u>8 4 </u>
6.(b) Name of hosband or wife. Decessed	21. I CERTIFY that death occurred on the date above stated: that I attended deceased fr  December 1st 18 45 to Dec 1.7  and that I lest saw h imalize on Dec 12th.	
deceased (mo., day, yr.) March 26 1866	Immediate cause of death	DURATION
8. AGE: Years   Months   Days   If less than one day   79   8   21  min.	Typertension 5 Arterioselerosis	yrs.
s. SirthplaceSharpsburg.com/sarvaland		lday.
18. Usual occupationGeneralCarpenter	Buata	*****************
11. Industry or business Carpenter		4
12. NameGeorgeBeeler	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations	
16. toformant Mr. Allen Poffenbarger Address Sharpsburg Maryland	Autopsy results	
Burial (Burial, cremation, or removal, Which?)  Burial (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory. Tolson. Cometery	Where did injury occur?	
18. Funeral director Edith V Leaf	Means of injury Injured at work?	
Address #7 Church St. Williamsport, Md.	Ent 7 2 Mm	40
4-11-0	23. SIGNATURE COMMAN TO STATE OF THE STATE O	

Registrar

Address..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. A15 N

MARGIN RESERVED FOR BINDING

KI WALVED! DEC 21 1915 BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

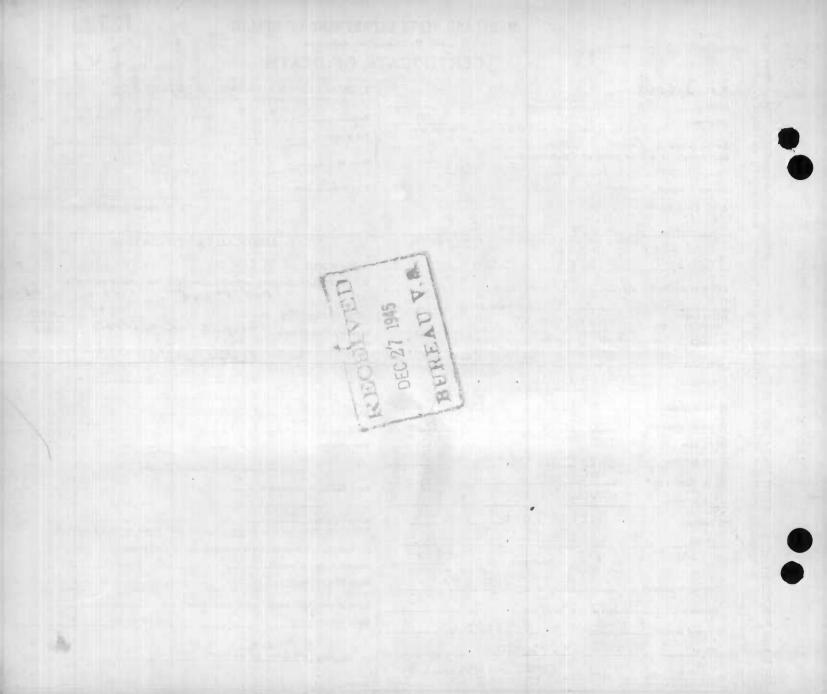
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 923)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 20 Sunmit Ave (If rural, give LOCATION)  2.(a) If veteran, name war. None  3. (b) Social Security Number
	None
Mrs. Cora Amelia Boward  4. Sax 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Whote Widow	20. DATE DF DEATH December 22 1945 19 at 1 a 30 M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  12/2 = 19 44 - 19 4
deceased (mo., day, yr.) September 27 1860  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
85 2 25min.	arterio-
9. Birthplace Hagerstown ash. Co. Md. (Town, county, and state)  1D. Usual occupation Housewife	Due to.
11. Industry or business OWN Home	
E 12. Name John Munson  ≤ 13. Birthplace Hagerstown wd.	Dther conditions
13. Birthplace Hagerstown M.  14. Malden name No Record  15. Birthplace No Record  Mrs. Bertha Hose	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Mrs. Bertha Hose	Autopsy results.
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 12/24/45  (Burial, eremation, or removal. Which?)  Commetery or crematory Ross Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Hagerstwon Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Meens of Injury Injured at work?
Address Hagerstown Md.	23. SIGNATUR . The Duellers
19. Dae 24. 1945 EkasHBourds (Date rec'd by registrar)  Registrar	23. SIGNATURY.  M. D. or other  Address



M. D. nr the .. Date signed ......

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

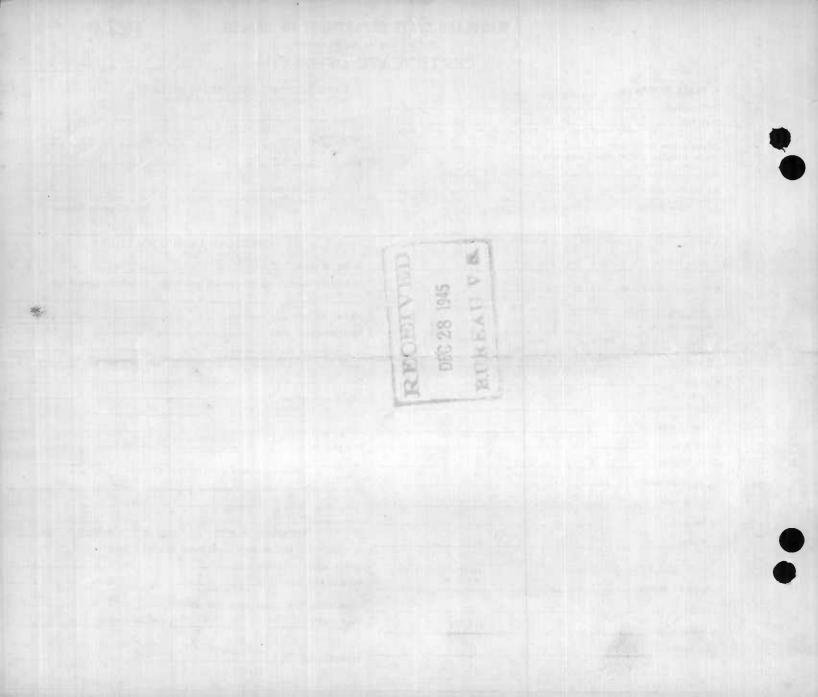
Address

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

CERTIFICA	TE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH: Washington  County HagerstoWil  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Washington Count Jospital  How long in hospital or institution?  18 10 UTS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland State Maryland County Washington  Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Streef No. Rear 55 W. Franklin (If rural, give LOCATION)  2.(a) If veleran, name war.
3.(a) FULL NAME Dorsey Boward	3. (b) Social Security Number 212-24-5844
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   White   Single	MEDICAL CERTIFICATION  Dec/23 45, at 5/23 /
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from  19
8. AGE: Years   Months   Days   If less than one day   hrs.   min.    9. Birthplace   (Town, county, and state)   Laborer    10. Usual occupation   Laborer   11. Industry or business	Second degree burns to  Due to shdomen and thigs
12. Name. Charles E. Boward  13. Birthplace Hagerstown, Maryland  14. Malden name. Sarah J. Koons  15. Birthplace Hagerstown, Maryland	Diher conditions
Address Hagerstown, aryland  17. Rinial Date thereof 12-26-45 (Burlal, cremation, nr removal, Which?) Cemelery or crematory Rose Hill Cemetery Location Hagerstown, Maryland  18. Funeral director, C. M., Suter & Sons	Autopsy results

Registrar

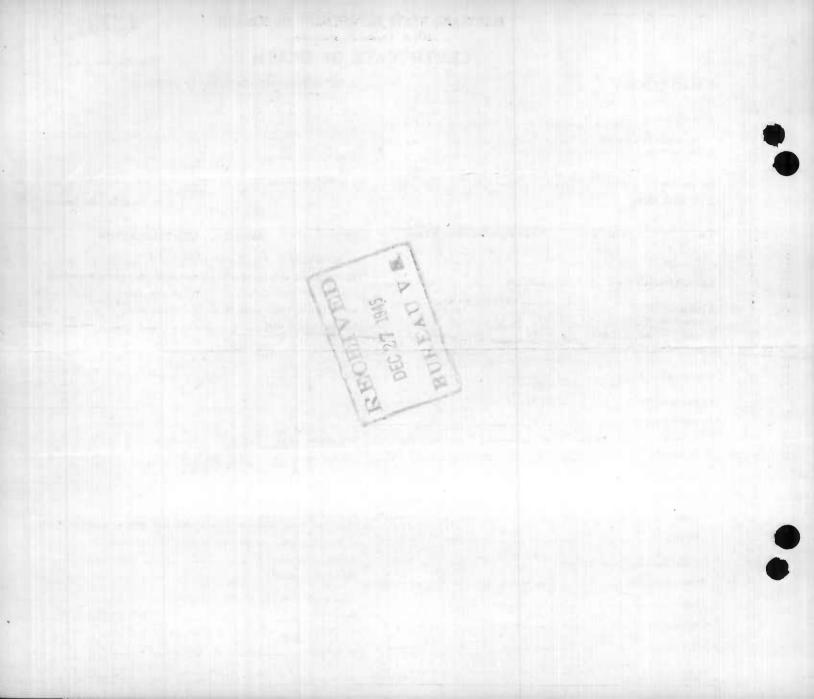


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VS A15

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No	305
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county	State Maryland county Chashing	sto
(If outside city or town limits, write RURAL and give nearest town)	0 0	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give n	earest town)
Hospital, Institution, or street address where death occurred:	Street No. 21. also St.	••••••
High St.	(If rufal, give LOCATION)	
tow long to hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security	y Number
A Sex (5. Color or race   6.(a) Single, married, widowed, or divorced	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	NP
demale white Widerwed	20. DATE DE DEATH Wellender 18 1945	21 5 - 11
8.(b) Name at husband or wife and ambline Burners.	21. I CERTIFY that death occurred on the date above stated; that t attended de	
7. Birth date of	and that I last saw hele alive on December 18	19.4J
deceased (mo., day, yr.) December 19-1870	Immediate cause of death	DURATION
8. AGE: Years Months Days tt less than one day	Throne Myreadiles	
74 11 29min	Trout Myocalallos	
9. Birthplace Man Myersulle and Co. md.	Due to	140.
10. Usual occupation Housekupon	Run do	
11. Industry or business Dun' Home:	D46 14	****
12. Name Denekrah Suman.	Other conditions	
I 13. Birthplace Dred Co. md.		
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	*******************************
¥ 15. Birthplace 2 ad. Co. Md.	- Date of op	
16. Informant Mas , John Dy Marky	Autopsy results	od statistically
Address Booustors Md.		- tanacan,
17. (Burial, cremation, or removal, Which?)  Date thereof. Data 1, 70, 1945 (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, till in the following;	
M 10	Accident, suicide, or homicide	
Cemetery or crematory Mt Lena Centellay	Where did injury occur?(City or town) (County)	(State)
Location Mt Ferra Md.	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Dry. J. Bast 95 orus	Means of Injury Injured at work?	
Address Bouston Md.	- MATTAKE VA	; d
\$110 N	23. SIGNATURE M. D.	). or other
(Date ree'd by registrar)  Regietra:	Address Boonslove Date signed	12/19/4



2411 N. Charles St., Baltimore (R)

### CERTIFICATE OF DEATH

12734 Reg. Dist. No. 30 Z

Mrs. Nannie Bowess  4. Sex Female White Widowed, or divorced Widowed 20, DATE OF DEATH.	
4. Sex Female White Widowed 20, DATE OF DEATH	ington and give nearest town) al Security Number
Female White Widowed 20, DATE OF DEATH ALC 9	one
	TION 2 19
B.(b) Name of husband or wife	1945
8. AGE: Years   Months   Days   If less than one day	Desaiton
83 4 26 min. min. mil. mil Shorle te,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. Birthplace Sharpsburg Mo (Town, county, and state) 10. Usoal occupation Home 11. Industry or husiness Home 12. Hame Jacob Schoppert 13. Birthplace Sharpsburg Md. (Include pregnancy within 3 months of death)	
14. Maiden name Elizabeth Lopp Sharpsburg Md.  Major findings of operations.  Date	
Address 631 W. Franklin St. Hagerstown  Address 631 W. Franklin St. Hagerstown  22. VIOLENCE: If death was due to external causes, fill in the foll	U - Mally.
(Burial, cremation, or removal, Which?)  Rosehill Cemetery H  Cemetery or crematory.  (City or town)  (Cour	
Location	at work?
18. Funerat director. Edith V Leaf  Address # 7 Church St. Williamsport, Md.  Dead // // Superation St. Williamsport, Md.  23. SIGNATURE. 23. SIGNATURE.	M. D. or other

DEC 13 1945 BUREAU VE

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH 273
011112 01	MITTELL CENTRE	<b>U</b> I	

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 300
Village or City Hagenstown	No. Hashington County Housital St. Ward
	of death occurred in a bospite or institution, give it NAME instead of street and number)
Langth of residence in city or town whare death occurredyrsmo	s. 122 ds. How long in U.S. if of foreign firth?
2. FULL NAME Somas Cichard Dou	vers If U. S. Veteran, specify WAR
(a) Residence: No. Aargan Wash Co., Md.	St.,Ward.
/ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH' 24
Male While Single	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	14 FOFDY GEOTIEV The control of
(or) WIFE of	22. THEREBY CERTIFY, That i attended deceased from
1 1045	I last saw have alive on 23 19 45 death is said
6. DATE OF BIRTH (month, day, and year) Victorial 22, 1973  7. AGE Yaars Months Bays If LESS than	to have occurred on the data stated above, at \$25 7m.
1/2 1 day,hrs.	
	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	PA Out
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (month and	To the
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lunger - Duck
10. Date daceasad last workad at 11. Total time (years)	
O this occupation (month and spent in this year) occupation	
Hamilton	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town). (State or country)	1 1 and while - V lace that
II 13, NAME A BOUCEA	- Joseph - S Joseph - S
I I I I I I I I I I I I I I I I I I I	
4. BIRTHPLACE (city or town) Complex Manual	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME VIOLA JEONIONA SHOWE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME VIOLA Jerrina Shows  16. BIRTHPLACE (city or town) Williamagow	Accident, sulcida, or homicida? Data of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT Mrs. Wala L. Bowers	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) M. F. A. # Harriera ferry West Va.	<u> </u>
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Dangles Maron, Md. Date Dec. 25, 1943	Natura of Injury
19. UNDERTAKER L. Lackles	24. Was disease or injury in any way raisted to occupation of decaased?
(Address) Brivas Oles Oh	Il so, spacify A A II O
10 5 15 / 2 - 2 10 145 GOL/ Barrer	(Signad) Waller D. Stew AM, C
20. FILED	(Address) Sharkshum 1 Md.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	t
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 JAN 7 1946	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastrocnteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

Justice been



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-7

# CERTIFICATE OF DEATH

302

M. D. or other

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
City or town Hagers town	State Maryland County Washin  Cily or town Hagerstown  (If outside city or town limits, write RURAL and	
How long in above place of death? 5 Years Hospital, institution, or street address where death occurred: Roessner Ave Extd.	Street No. ROESSIET AVE EXID	
How long in hospital or institution?NONE	2.(a) If veteran, name war	
3.(a) FULL NAME Mrs. Emma Seibert Bowman	3. (b) Social S	ecurity Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ON
Female White Married	20, DATE OF DEATH. December 2 1945	
6.(6) Name of husband or wife	and thet I last saw harmalive on	× 2 - 19 × 19
8. AGE: Years Months Days If less than one day  65 4 5min.	Immediate cause of death	
9. Sirthplace Cearfoss Wash, Co. Md. (Town, county, and state)	Due to.	
10. Usual occupation Housewife		
11. Industry or business OWN Home	Due 10	
12. Name Lewis E. Seibert 13. Birthplace Cearfoss Md.	Other conditions almany 73	13.42
E 14. Malden name Lillie Cearfoss	(Include pregnancy within 8 months of death)  Major findings of operations	
		op
16. Informant J. W. E. Bownan Address Hagerstown Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be	
17 Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing Accident, suicide, or homicide	
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?	
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)	
18. Funerat director Andrew K. Coffman	Means of Injury Injured at w	Ork 7
Address Hagerstown Md.	23. SIGNATURE N. JUS Cala	

(Date rec'd by registrar)

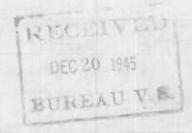


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VS A15

CERT	TFIC	ATE	OF	DE	HT
CLIVE	11 10		OI.	LILLE	7 7 7 7

	TE OF DEATH  Reg. Dist. No. 30 2
1. PLACE OF DEATH:  County	
3.(a) FULL NAME Samuel C. Bowman	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION 9 30 30  20. Date of Death December 15 19 45 at P.M
8. (b) Name of husband or wife Edna M. Bowman  8. (c) If alive, give age year deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 2 26 hrs. m	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from  19. H.  and that I last saw h
9. 6irthplace Frederick County, Md.  10. Usual occupation Blacksmith  11. Industry or business Western Md. R. R. Co.    12. Name John Bowman   13. 6irthplace Fredk. Co., Md.	Due to
14. Maiden name. Carrie Pryor  15. Sirthplace Fredk. Co., Md.	Major fieldings of operations.  Date of op. 12-11-45
Mrs. Edna M. Bowman  Chewsville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof Dec 18, 194 (Burini, cremation, or removal, Which?) Cemetery or crematory Lutheran Cemetery	Accident, suicide, or homicide.  Where did injury occur?
Location Wolfesvill, Md.  18. Funeral director Fred W. Kraiss  Address Hagerstown  19. Lee, 8, 19. Lee, 8, (Date rec'd by registrar)  Registr	Mosns of Injury  Injured at work?  23. SIGNATURE.  Poleet Courage M. D. or other  M. D. or other



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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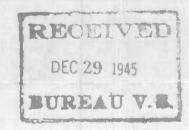
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Vashington			(For newboru infants give residence of mother)		
Cliv or Lown	Cascade		State Harvland County Vashington		
CHyor lown. CEScade (If outside city or town limits, write RURAL and give nearest town)			Cliy or lown (If outside city or town limits, write RURAL sud give nearest town)		
How long in above place of death?		***************************************	(If outside city or town limits, write RURAL sud give	uearest town)	
		death occurred:	Street No		
			(If rural, give LOCATION)		
How long In hospital	or institution?		2.(a) If veteran, name war		
3. (a) FULL NAI	ME				
	Levis	Albert Brown			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	+11	
Male	White	35		c/ 6/4	
		larried	2D. DATE OF DEATH Dec. 21, 1945 19	21	
o (h) Nama od husban	ed or wife Em	ma C. Smith	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from	
				19	
7. Birth date of			and that I last saw halive on		
deceased (mo., da)	y, yr.) Oct.	29, 1856	Immediate cause of death		
8. AGE: Yes	ars   Months	Days It less than one day	immediate cause of death		
89	1	22 hrs. min.	Chronic cardio-vascular		
			2:0000	99***********	
9. BirthplaceF.	oxville	Md., county, and state)	Due to disease		
	(Town	, county, and state)	***************************************		
10. Usual occupation	n	red	Due to		
11. Industry or busin	ness				
S 42 Hara T	gnatius F	rown	Dther conditions		
13. Birthplace		ck , Md.			
	Susan E		(Include pregnancy within 3 months of death)		
14. Maiden nam	ne	SULL MAIL	Major findings of operations	***************	
15 Rirthniace/	ma.	, ,	Date of op		
-10	Line 2	1 1181000	Nn		
16. Informant.	TAIS J		Autopsy results		
Address	111. 3	ion Illa.			
17 Bure	1	Pala Marrae 12/24/45	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, eremati	ion, or removal, Which	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	atory Bethel	ametra.	Where did injury occur?	(State)	
			Injured at home, farm, Industry, public place (where?)		
Location Alle	Al Girthan	Ca. M. M.			
1R. Funeral director	Walter I	HUE	Meens of Injury Injured at work?		
2. //	1 11 /0	M 11/ann 1	H. B.		
Address 7	Enurch s	L. Way Restants , I a	23. SIGNATURE (asset)		
10/4 0 5 3	7 1940	- Seo. W. Trague	Hagerstown. Id.	D. gesther	
Dota mod'd by	noorietren)	Registrar	Address Date sig	ned	



### 2411 N. Charles St., Baltimore 300 CERTIFICATE OF DEATH

Reg. Dist.

	7 A	- 8
	(34)	-81
No.		.Æ.,

1. PLACE OF DE	nington			2. USUAL RESIDENCE (HOME) OF DE	aw)	
1111 7	lliamspo	ort		State Maryland County	Washington	
City or tewn(If o	outside city or town	limits, write	RURAL and give nearest town)	WILLIE TO SOOF		
Now long in above place	of death? Li	fetime	<u> </u>	II CITY OF TOWN	ta RIIRAL and give nearest town)	
Hospital, Institution, er	straet address where	death occurre	d:	Sireet Ne. Lindsay Allay (If rural, give LOCATION)  2.(a) It veteran, name war		
		***********				
Hew teng in hospital or	Institution?					
3. (a) FULL NAM				LITT		
J. (a) FULL MAIN				3.	. (b) Social Security Number	
Mary	Rebbeca	a Bro	own			
4. Sex	5. Coler or race	6.(a)Sing	le, married, widewed, er diverced	MEDICAL CERT	IFICATION	
Female	black	eir	ngle			
remare	Diack	1 OTI	1616	2D. DATE DF DEATH 2/2/5	19al & 3a.A. m	
6.(b) Name et husband	er wifenQ1	1e	***************************************	21. I CERTIFY that doath occurred on the dale above sta		
				12/8/1/45 10 /	10/2/12/45 18	
7. Birth date of			(c) If alive, give ageyears	and that flast saw h		
deceased (mo., day, y				Immediate cause of death.	DUDATION	
8. AGE: Years	Menths	Days	It less than ene day	() A ()	(16)	
17	3	24	hrs min.	- Etiflien zo	4 Ways	
9. Birthplace	illiamspo	ort Mo	1	Due te.		
3. Buttiplace	(Town,	county, and	state)	Due te		
1D. Usual eccupation	house	SA WOT	ck			
11. Industry er business		Hon	· · · · · · · · · · · · · · · · · · ·	Due te	••••••	
Approximate the second		2		Nihan and Nihan	111.0011111000000000000000000000000000	
12. Name NOE	William			Diher cendillens		
	Annie	Flize	beth Broadus	(Include pregnancy within 3 months	s of desth)	
E 14. Maiden namo				Major findings of operations	***************************************	
2 15. Birthplace	Lurra	y va.			Dale of on	
16 Interment No	ah Brown	2	***************************************	Autopsy results		
	liamspo		***************************************	PHYSICIAN: Please underline the cause to which de		
Buris			Dec 151945	22. VIOLENCE: If death was due to external caosos, fi	III in the tellewing;	
(Burial, cremation,	or removel Which?	Date thor	eof (month) (day) (year)	Accident, suicide, er homicide	Date of	
			Cem Cem			
Cemotery or cremater	y	r.v.rew	vem	Where did injury occur?(City or town)	(Connty) (State)	
LocationWi	lliamspo	rt Md	***************************************	Injured at heme, farm, industry, public place (where?)		
18. Funeral directer	Edith V	. Leai	£	Moans of Injury	Injured at work?	
Address Ni	lliamspo	rt_Md		1.7.0	sun g	
100-		Sh.	E 49181	23. SIGNATURE	M. D. or other	
(Date rec'd by reg	7 19 4 C	IVLS	Registrar	Andrew illi aushbat	Md. Data stand / 2/4/40	

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VS A15

L. STOTE TO THE DEC 17 1945 BUREAU V.S. FOR BINDING

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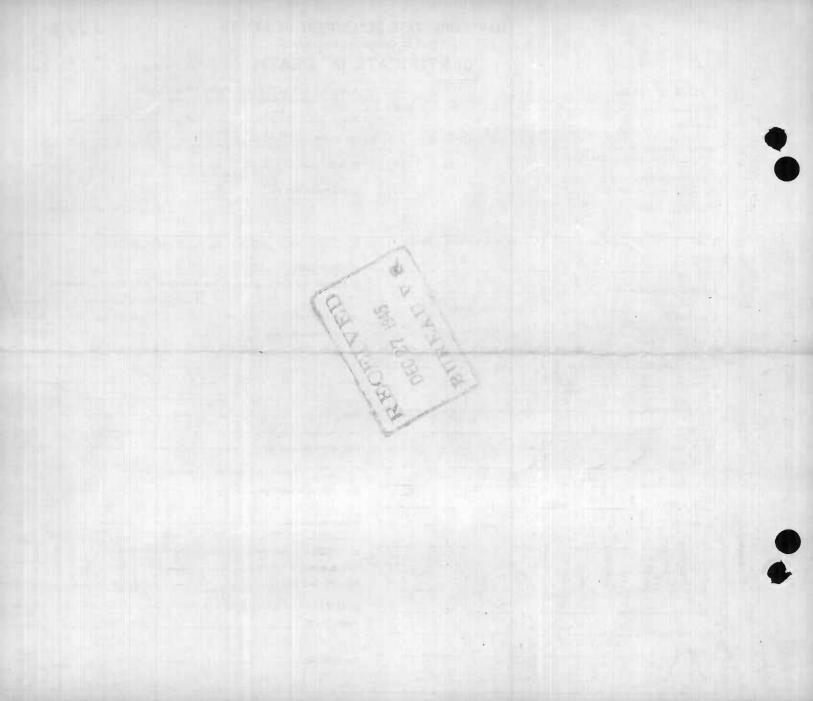
A15 VS PLEASE WRITE PLAINLY, WITH UNF is especially important.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bio

### CERTIFICATE OF DEATH

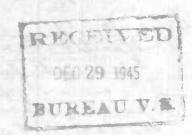
1. PLACE OF D	EATH: Wash	ningto	n	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:		
County	earsnring	7 71	iral			Name .	
City or town	foutside city or town l	imits, write F	CIRAL and give nearest town)	State Maryland county Washington			
How long in above also	ce of death?	25 Yea	RURAL and give nearest town)	City or town Clearspring, (If outside city or towo limits,	RUFAL write RURAL and give ceas	rest town)	
Hospital, Institution,	or street address where	death occurre	d:				
			***************************************	Street No(If rural, give			
How long in hospital	or institution?			2.(a) If veteran, name war	***************************************		
3. (a) FULL NAM	ME				3. (b) Social Security 1	Vumber	
	Rol	pert	Ward Carbaugh		None		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White		Married		ber 1945	12:00 P.	
	Effi	e Car	rbaugh	21. I CERTIFY that death occurred on the dale above			
	nd or wife			2 Ouly 19			
7 Blath data of		6.(	c) If alive, give age 70 years	and that I last saw h. 727 alive on	Decem ker	10 45	
deceased (mo., day	yr.) Dece	mber	18 18 1870	Immediate cause of death		DURATION	
8. AGE: Yea		Days	If less than one day	Corroracy Occio		المائية	
75	5 0	3	hrsmin.		And the state of t		
	Pennsylva	nia		Que to Dr. Fujo Schoot	ic cardio-	***************************************	
9. Birthplace	(Town,	coonty, and	state)	voscular mad disease 8 years			
10. Usual occupation	Farm L	abore	r	- And Andrews			
11. Industry or busine	929			Due 10		***************************************	
	John Car	baugh		Other conditions			
	Pennsylva			Uther conditions		***************************************	
K Sittingiace	1 oming r va	1 0-		(Include pregnancy within 8 m	ontha of death)		
E 14. Maiden nam	Margre Pennsylv s. Effie	L. Gr	eer	Major findings of operations			
₹ 15. Birthplace	Pennsylv	anla					
18. Informant	s. Effie	Carb	augn	Antopsy results. Alone			
mountain	Clearspri	ng, A	ural	PHYSICIAN: Please underline the cause to wh	ich death should be charged :	statistically.	
Address			2. 04 104	22. VIOLENCE: If death was due to external caus	es, fill in the following;		
17Ur.1	on, or removal. Which?	Date ther	ent (month) (day) (year)	Accident, suicide, or homicide	Date of		
Complement of the control	St. Pat	ils Ce	metery	Where did injury occur?(City or town)			
			a = a				
Location			I.d.	Injured at home, farm, Industry, public place (wh			
18. Funeral director.	Snyder-F	lowlar	id	Means of injury	Injured at work?		
Address	Clearspr	ing,	Md.	( ): C	20 00		
1	2 0	n ()_	I line no	23. SIGNATURE	M.D.		
19. Ca C	L3 19.45	TRA	AUU Registrar	V. Cles s Prin n	Date signed.	- /	
(Date rec d by I	registrar)	1 1	D CI Registrar	Address	A.T		



2411 N. Charles St., Baltimore 930

127347

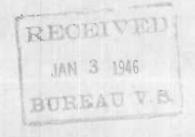
2. USUAI. RESIDENCE (HOM (For newborn Infants give residence)	
State Mary land	Harlington
diline	in the
City or town(If outside city or tow	n limits, write RU-AL and give nearest town)
Street No.	· V.
	al, give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	soul
MEDICA	L CERTIFICATION
20. DATE OF DEATH L	2 4 19 45 st 5 A
21. I CERTIFY that death occurred on the	date above stated: that I altended deceased from
17/	10245 To Her 24104
and that I last saw h	Dec 24 / 104
In the second but	DUDATION
Pul monary	Edouro le les
/ / //	
Due to Cereby II	Varroliage 3 day
Due to Cuferio	Polyose 10-ye
Other conditions	
(Include pregnaticy w	ithin 8 months of death)
Major findings of operations	
Major findings of operations	Dale of op.
Major findings of operations.	
Major findings of operations.	Dale of op
Autopsy results	Date of op
Autopsy results	Date of op.  Lee to which death should be charged statistically.  Learnal causes, till in the tollowing;  Date of
Autopsy results.  PHYSICIAN: Please underline the came 22. VIOLENCE: If death was due to extended the control of the control o	Date of op.  Lee to which death should be charged statistically.  Learnal causes, till in the tollowing;  Date of



(Date rec'd by registrar)



Dr. Hornbaker MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore correct CERTIFICATE OF DEATH Reg. Dist. No. 302 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) on carefully. The colearly and legibly. County Washington Washington Hagerstown
(If outside city or town limits, write RURAL and give nearest town) Hagers town
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 Hours Hospital, institution, or street address where death occurred:
1117 Oak Hill Ave 57 Broadway (If rural, give LOCATION) How long in hospitat or institution? None information of death clea 3. (a) FULL NAME 3. (b) Social Security Number None MEDICAL CERTIFICATION item of i BINDING Female White Widow 12-29 19 45 at 5 P. M Lawrence H. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 5.(c) If alive, give age ......vears FOR Supply ever T. Birth date of deceased (mo., day, yr.) April 29 1881 8. AGE: If less than one day MARGIN RESERVED Due to Ity per true si ve moulut dis Eass the known Stevensville Kent Co. Md. (Town, county, and state) Housewife 1D. Usual occupation.... Own Home t1. Industry or business E 12. Name Rev David Gilbert
13. Sirthplace Havre de Grace Havre de Grace Md. important. (Include pregnancy within 3 months of death) 14. Malden name Ida Hayman 14. Malden name..... Major findings of operations..... Stevensville Md. Mrs. John H. Hornbaker PLAINLY, 1 is especially 16. Informant...... PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown Md. 22. VIOLENCE: If death was due to external causes, fill in the following: II. Burial (Burial, cremation, or removal. Which?) Date thereof I/2/46 Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? .....(City or town) Cemetery or crematory Rest Haven Cemetery WRITE (County) Hagerstown Md. Injured at home, farm, industry, public place (where?) ..... Meens of Injury tolured at work? 18. Funeral director Andrew K. Coffman PLEASE Hagerstown 11d John St Store Gaker - In. TD. 23. SIGNATURE... Address Littly was tracted to Date signed 12 (Date rec'd by registrar) Registrar



# 2411 N. Charles St., Baltimore 778.A)

1971

WASH, CO., MD.

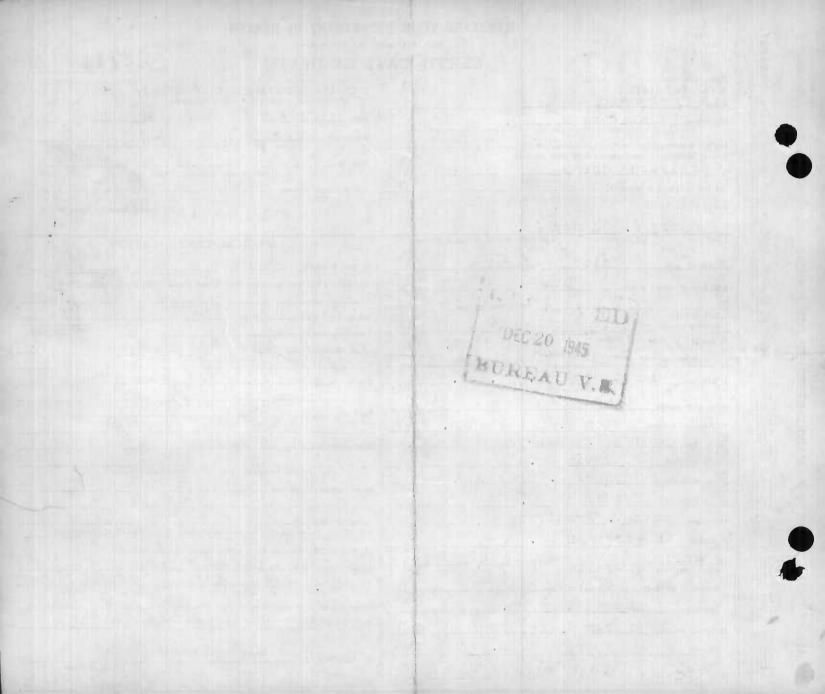
M. D. or other

CERTIFICAT	E OF DEATH Reg. Dist. No. 200
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Mashington  City or town Hacerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. Berner Ave (If rural, give LOCATION)  2.(a) If veteran, name war. World War # 2
	3. (b) Social Security Number
Harry J. Chancy Jr.  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced    Male   White   Married    6.(b) Name of husband or wife   Ruth A.	MEDICAL CERTIFICATION  20. DATE DF DEATH December 9 1945 19
7. Birth date of deceased (mo., day, yr.)  December 2 1920	and thet i last saw h
25 0 7 hrs. min.  9. Birthplace Adamstown Fred, Co. Md.  (Town, county, and state)  10. Usual occupation Cook  11. Industry or business Newton D. Baker Hosp.  12. Name Harry J. Chaney  13. Birthplace Monrovia Md.	Due to
t4. Malden name Rachael E. Frazer  15. Birthplace Frederick Md.  16. Informant Ruth V. Armstrong  Address Hagerstown Md.	Major findings of operations
Burial  Burial  Burial  Burial  Bate thereof  Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, euicide, or homicide

Registrar

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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2411 N. Charles St., Baltimore &

#### CERTIFICATE OF DEATH

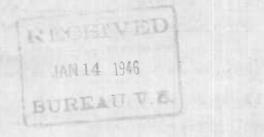
301

Jud Date signed 2/28/

	Reg. Diat. No.		
1. PLACE OF DEATH:  County Washington County  City or town Smithburg Maryland PFD  (If outside city of town limits, write RURAL and Tive nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland county Washington  City or town Smithburg Md RED		
How long In above place of death? 3. yrs.  Hospital, Institution, or street address where death occurred:  Smithburg Md. RFD.	Street No		
How long in hospital or institution?	2.(α) If veleran, name war		
3.(a) FULL NAME  Buleah Catherine Cline 4. Sex 5. Golor or race 6.(a) Single, married, wildowed, or divorced	3. (b) Social Security Numbe	r	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  Female White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 1945, 21	5.9.	
6.(b) Namo of husband or wife Fred Cline	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		19	
7. Birth date of deceased (mo., day, yr.)  Jan. 22 1895	and that I last saw h	19 DURATION	
8. AGE: Years   Months   Days   If less than one day	Immediate Cause of Gearth	7011411011	
50 11 3hrsmin.	multiple selevores 5	422	
9. 6irinplaceSmithburg Maryland (Town, county, and state)	Correy orchusen	suls	
10. Usual occupationHousewife  11. Industry or business Home	Due fo		
12. Name Charles E Bowers 13. Birthplace Downsville Md.	Dther conditions	************	
14. Malden name Mary Catherine Bowers	(Include pregnancy within 3 months of death)  Major findings of operations.		
To simple o	Date of op.		
16. Informant Fred Cline  Address Smithburg Md. RFD #	Autopsy results	ally.	
17. Burial Dec. 30 1945 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, sutcide, or homicide	************	
cemetery or crematory. Greenlawn Cemetery	Where did injury occur?	e)	
Williamsport, Md.	Injured at home, farm, Industry, public place (where?)		
LUGATION	Means of Injury Injured at work?  DEPUTY  DEPUTY	(1).11.	
18. Funeral director Edith V Leaf Address # 7 Church St. Williamsport, Mo	WASH. CO., MU.		
19. Dec 28 1945 Mrs Ede M-Elson (Date rec'd by registrar)	Address The sustaining Type Date signed 2/1.	-4/4	

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore 48-5

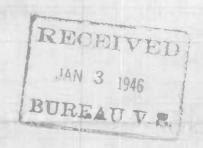
CERTIFICATE OF DEATH

12744 2s

Reg. Diat. No. 304

1. PLACE OF DEATH:  Washington  County				1	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	OF DECEASED: ( mother)
(If outside city or town limits, write RURAL and give nearest town)		1	ts, write RURAL and give nearest town)			
How long in above	place of	death?eet address where	death occurre	4:	(If outside city or town limit	ts, write RURAL and give nearest town)
areapital, matrium	on, or an	oot address whole		•	Street No	e LOCATION)
How long in hosp	ital or in	stitution?			2.(a) It veteran, name war	
	B.(a) FULL NAME  Elizabeth Ellen Co				orbett	3. (b) Social Security Number NONE
4. Sex	5	. Color or race	6.(a)\$Ingi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	. 1	White	Ma	rried	20 DATE DE DEATH De cember	30 19.45 at 6; 15P a
		Euger		rbett	21. I CERTIFY that death occurred on the date ab	
		wife		70		43 10 12-30 194-6
7. Rirth date of	••••••		6.(	c) It alive, give ageyears		1 d = 30 19 45
deceased (mo.,	day, yr.)	Octo	ober	26_1877	Immediate cause of death	
8. AGE:	Years	Months	Days	If less than one day	Cascinoma	of cervix
	68_	2	4	hrsmln.		1
9. Birthplace				***************************************	Due to	
1D. Usual occupa	tion	Home	Dutie	8	Due to	
11. Industry or bu		2 -				
臣 12. Name	Sam	uel Deg	nan		Other conditions	
₹ 13. Birthplac			Virgi		(Include pregnancy within 3	months of death)
14. Malden 1	name	Mary S		***************************************	Major findings of operations	
15 Rirthniae		Washir	at an	Co	Major findings of operations	
		cock, A			Autopsy results	which death should be charged statistically.
WARICAS	ria		iu. nu	Jan. 4 1946	22. VIOLENCE: It death was due to external ca	auses, fill in the following:
		removal. Which	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
(Burial, crem	ation, o	Method	Rist C	emetery	Where did injury occur?(City or town)	
Cemetery or crematory Methodist Cemetery Hancock, Md.			Ome og Ly			
Location		Hallcock	29 21204.			where?)
1B. Funeral direc	etor	Snyder		and	Means of Injury	Injured at work?
18. Funeral director				4 0 4 / /	Hol	+ R. J. Sing NO
Aguiess	11 6 - 1	/ /	1 /1	11 7/8/1/8/1/	23. SIGNATURE	M. D. or other
(Date rec'd	ry	19.7.	2. 46	M. C. YOU'O' Registrar	Address Dancort	1 Md Date signed 1-1-4-6
(Date 146 ff	ACR ID	/	1	2-08-04-04	MARITA &	

A15 AS PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



DEC 17 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 33-7

Dr. Conrad

CERTIFICATE OF DEATH

Reg. Dist. No. 302 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn jufants give residence of mother) Washington State Maryland County Washigton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? \_\_\_\_\_ & Months (If outside city or town limits, write RURAL and give nearest town) Nospital, institution, or street address where death occurred: Street No. 2003 Lexington Ave 2003 Lexington Ave. (If rural, give LOCATION) How long in hospital or institution?.... 2.(d) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Barbara E. Cummings None 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION widow 20. DATE DE DEATH Dec 28 19 45 at 8 M 8.(b) Name of husband or wife Peter 2f. I CERTIFY (That death occurred on the date above stated; that I attended deceased from .6.(c) If alive, give age ......years 7. Birth date of Nov deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Months If less than one day .....hrs. Murrande Chamburg Franklin Co. Pa.
(Town, county, and state) Housewife 10. Usual occupation. Own Home 1f. Industry or business # 12. Name Steven Shatzer Other conditions 13. Birthplace Chambersburg, Pa. (Include pregnancy within 3 months of death) 14 Maiden name Eliz. Muers Chambersburg Pa. .Nate ol op..... 16 Informant Mrs. A. R. Coldsmith PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagertewn Md. Address 22. VIOLENCE: If death was due to external causes, till in the following: Date thereof 12/30/45 Burial (Buriai, cremstion, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Salem Cemetery Where did Injury occur? ..... Cemetery or crematory...... (City or town) (County) Near Chambersburg Pa. Injured at home, farm, industry, public place (where?) ...... Injured at work? Maans of Injury 18. Funeral director A.E. Minnick Greencastle Pa.

23. SIGNATURE

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(Date rec'd by registrar)

BINDING

FOR

MARGIN RESERVED



2411 N. Charles St., Baltimore 93-1)

#### COMPTOAME OF DEATH

		CERTIFICA	IE OF DEATH	Reg. Diat. No. 30	
1. PLACE OF DEATH:  County			(If rural, give LOCATION)		
3. (a) FULL NAME George W. Davis			3. (b) Social Security Number		
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed		CERTIFICATION	

G	eorg	e W. Davis	
5. Color or race White			MEDICAL CERTIFICATION 20. DATE DF DEATH. Dec. 6, 1945 19
Ang	6.	(c) If alive, give ageyeare	21. I CERTIFY that death occurred on the date above stated; that attended
rs Months	Days 25	If less than one dayhrsmin.	
ountainda Labore	in Frederick	redk., Md.	
	S. Color or race White dor wife Mary  yr.) Aug- rs Months 3 Countainda Labore	S. Color or race White  White  dor wife Mary Davi  6.  yr.) Aug 14,  rs Months Days 3 25  Countaindale F  (Town, county, and Laborer	White Widowed  dor wife Mary Davis  S.(e) If alive, give age years  yr.) Aug. 14, 1882  rs   Months   Days   If less than one day   3   25   hrs.   min.  Countaindala-Fredk., Md.  Laborer

DURATION MARGIN RESERVED Charles W. Davis WITH UNF Fredk. Co., Md. 13. Birthplace (Include pregnancy within 3 months of death) Anna Major findings of operations..... Fredk. Co., Md. Mrs. eorge W. Jones PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 434 George St .- Hagerstown, Md. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sutcide, or homicide..... Where did injury occur? ...... Cemetery or crematory Rose Hill Cemetery WRITE Hagerstown, Md. injured at home, farm, industry, public place (where?) ..... Mesns of thiury Injured at work? Fred W. Kraiss Hagerstown, Md. Address

23. SIGNATURE Registrar

DEC 11 1945. BUREAU V.S.

2411 N. Charles St., Baltimore 934

M. D. or other

Address 154 w. washington to-

			CERTIFICA	TE OF DEATH	Reg	. Diat. No	50 2
County			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Nd. Washa  City or town Hagers to wn  (If outside city or town limits, write RURAL and give neerest towe)				
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 11 years			City or town Hager (If outside city or to	stown	AL and give nee	prest towo)	
Hospital, institution, or street address where death occurred:  427 N. Mulberry St.  How long in hospital or institution?				Street No. 427 N	Mulber Mulber	ry St.	
3. (a) FULL NAME				T 2x27 II votoran, mante ma			
J. (a) I OLE MAME		Georg	ge F. Dennis,	Sr.		iocial Security -16-073	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDIC	AL CERTIFIC	CATION	
	white	1	arried	20. DATE OF DEATH. Dece	mber 26,	19.45	.11:30A
6.(b) Nams of husband or	wife Bess:	ie V.	Dennis Olf alive, give age 54 year	21. I CERTIFY that death occurred on the	/3 19 to	12 -	->6 19.45
7. Birth date of deceased (mo., day, yr.)	Ju	Ly 17	1879				
8. AGE: Years	Months	Days	It less than one day	Immediate caose of death	Had Di		DURATION
66	5	9	hrsml				
9. Birthplace Faguir County, Virginia (Towo, county, and state)		Due to					
10. Usuat occupation	_			***************************************		***************************************	10 years
11. Industry or business		***************************************		Due to		**************	
	vd P. D	ennis		- Other conditions			• •••••
12. Name Llo	raquir	County	7. Va.			*******************	
14. Malden name				(Include pregnancy			
	Faquir			Major findings of operations			
16. Informant Mr.			•	Antopsy resolts.			
	agersto			PHYSICIAN: Please noderline the car			
Buria (Burial, cremation, o		,	Dec. 28, 19	22. VIOLENCE: If death was due to ex			
(Burial, cremation, o	r removal, Which?)	Tan a					
			Cemetery				
Location Ha							,
18. Funeral directorS	cott i.	Minni	lch & Son	Mesns of Injury	tnjo	ured at work?	
Address Ha	gerstow	a, Md.	20	da 1 . 11	N 1-6	. h h	D

Registrar

VS A15

PLEASE WRITE PLAINLY, WITH UNP is especially important.

Dec. 18 19 45 (Date rec'd by registrar)

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834

#### CERTIFICATE OF DEATH

127	4112	,
Reg. Dist.	No. 20	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County WashingTon City or town Hancock	state Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where dadth occurred:	Sireet No.
How tong in hospital or institution?	(If rurai, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
	3. (b) Social Security Number
Elmer Ells worth Dickerhoff 4. Sex   5. Color or race   b. (a) Single, married, wildowed, or divorced)	
	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE DF DEATH December 123 4.5 at 8 P. M
8. (b) Name of husband or wife Bessie Heller	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of	June 10 4 2, 10 12-12 10 45
	and that I last saw h
deceased (mo., day, yr.) Apr. 14 186	Immediato cause of death
78 7 28hrsmin.	Marti Cridiac Zaline
9. Birthplace Mill Stone, Washington Co, Md	Due to.
10. Usual occupation Painter	
11. Industry or business	Due 10
	Helatinger with
12. Rame Sam Dickerhoff  13. Birthplace Milstone Md)	Other conditions of the make in the same i
E 13. an empace	(include pregnancy within 8 months of death)
14. Malden name Mary Jane Myers  15. Birthplace Millstone Md.	Major findings of operations
18. Informant Clarence V Dickerhoff	Antopsy results
Address Hancock Md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buy 12. Date thereof Dec. 14. 145 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory Riverview Cemetery	Where did injury occur? (City or town) (County) (State)
Location Hancock, Md	injured af home, tarm, industry, public place (where?)
18. Funeral director Charles R, Bast	Means of Injury Injured at work?
	11 / 10 11- 40
Address Hancock, Md	23. SIGNATURE Helput (). Sighus M. H
19. 2 Le 63 19 48 MATELLEN	M. D. or other
(Date rec'd by registrar) Registrar	Address

DEC 19 1945

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The a is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# 127新一

M. D. or other

### CERTIFICATE OF DEATH

Dist. No. 30/

	Kog. Disc. No.	
1. PLACE OF DEATH: county Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Maryland county Mashington City or town Williamsport, Maryland (If outside city or town limits, write RURAL and give nearest town)	
S. Artizan St. Williamsport, Md.	Street No. S. Artizan St. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3.(b) Social Security Number None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL/CERTIFICATION	
Female White Widowed	20. DATE OF DEATH. 12/2/45- 19 , 21 7	
6.(b) Name of husband or wife	21. I CERTIFY that reath ordered on the date above stated; that I attended deceased from  19	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Duration	
9. Birthplace	Due to Fractural tree & Rf 2 wle.  Due to Erwer  Due to Curson  Other conditions	
14. Maiden name Caroline Potts 15. Birthplace Williamsport, Md	(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant Valvin Dickernoli Son	Antopsy results	
Address Lebonan Pa.  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory Riverview Cemetery  Location William sport, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Edith V Leaf  18. Funeral, director, hurch St. Williamsport, Md.	T. F young	

23. SIGNATORE.

Address.

1945 Mrs & Ke M. Choc Registrar



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MARGIN RESERVED FOR BINDING

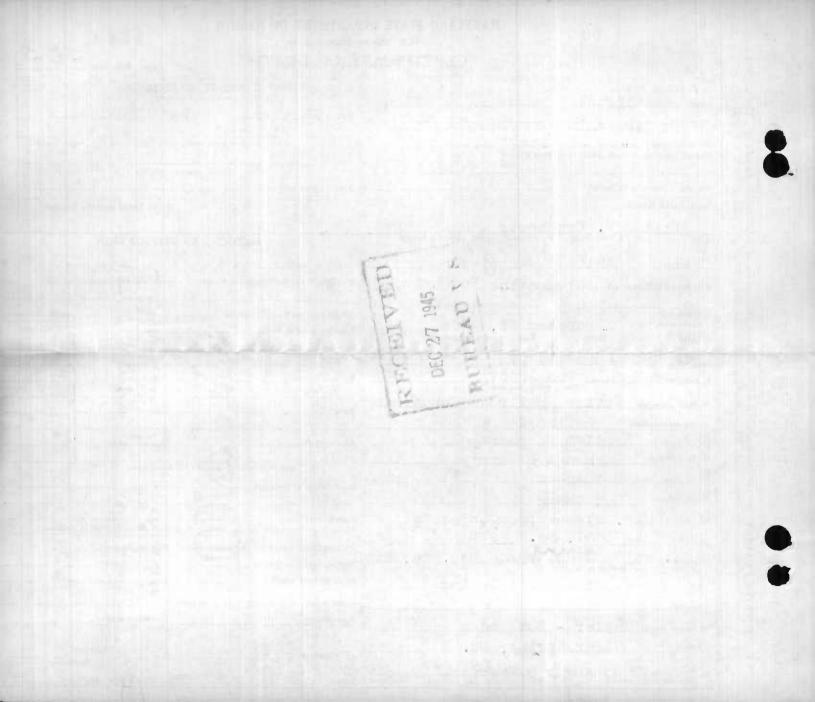
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/10

12752303

### CERTIFICATE OF DEATH

	358: 5150 750
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	state Maryland county Washington
City or lown	
How long in above place of death? 40 years	City or town. Big Pool (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William F. Dougherty	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH DCC. 23, 19.45 of 7.30Q
	21. I CESTIFY that death occurred on the date above stated; that J-qtteoded deceased from
6.(b) Name of Name wife	DC, 19.45, to DC 23. 19.45
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) December 25, 1866	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Chr. Bughto Dia: 240
78 11 27hrsmin.	
9. Birthplace Washington County (Town, county, and state)	Oue to Certerio Leleroses 5 yrs.
1D. Usual occupation. Retired Railroad Repairman.	Due to
11. Industry or business Railroad	000 1000
到 12. NameWilliam Dougher.ty	Diher conditions
12. Name	
M T T	(Include pregnancy within 3 months of death)
14. Maiden name No.t. Known	Major findings of operations.
15. Birthplace Not Known	Date of op.
18. Informant Mrs. Clementine Dougherty	Autopsy results
Address Big Pool, Md.	PHYS1C1AN: Pleaso underline the cause to which death should be charged statistically.
6144444	22. V10LENCE: If death was due to external causes, fill to the following;
17. St. Paul S. Ceme ta say thereof. De.C. 26. 194 (Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematoryNear Clear Spring	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral directorSnyd.er - Rowl.and	0.100
Address Clear Spring, Md.	23. SIGNATUR David CP, Quever
. Dec &6 . 45 meshw/Millia	W Pleas Marine M. M. D. O. Marine
(Date rec'd by registrar)	Address Cur young / Q Date signed 12/23/4.



# CERTIFICATE OF DEATH

	les St., Baltimore 940
CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  state. Maryland County Washington  City or town  (If outside city or town limits, write RURAL and give nearest town)  329 North Cannon Avenue  (If prelagive LOCATION)
How long in hospital or institution?	(If rural grive LOCATION) 2.(a) If veteran, name war North War I
3.(a) FULL NAME William E. Downs	3.(b) Social Security Number 214-09-6784
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  2D. DATE OF DEATH. 2D. 10, 1945 of 7.9
8.(b) Name of husband or wife Oressie V. Downs  5.(c) If allve, give age 32  7. Birth date of deceased (mo., day, yr.) March 8, 1894  8. AGE: Years Months Days If less than one day 51 9 2 hrs. min.  9. Birthplace Williamsport, Wash. Co. Md.  10. Usual occupation (Town, county, and state)  Silk Weaver  11. Industry or business Maryland Ribbon Company  12. Name Freeland Downs  13. Birthplace Williamsport, Maryland	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19. 10. 10. 11.  Inmediate cause of death. DUR  Due to. Charles Pollade  Due to. Charles Pollade  Due to. Charles Pollade  Diher conditions  (Include pregnancy within 3 months of death)
Mary E. Sprecker  14. Malden name Mary E. Sprecker  15. Birthplace Williamsport, Maryland  16. Informani Mrs. William E. Downs  Address Hagerstown, Maryland	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 12-12-45  (Burial, cremation, or removal, Which?)  Cemetery or crematory Rose Hill Cemetery  Location Hagerstown, Maryland	Accident, suicide, or homicide.  Where did injury occur?  (City or bown)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury
18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland	23. SIGNATURE W. Honar Dy Caged M. D. on other

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DEC 13 1945
BUREAU V.S.

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DEC 7 1915
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 95-0 CERTIFICATE OF DEATH Reg. Dist. No. 305 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred (If rural, give LOCATION) How long to hospital or Institution?... 3. (a) FULL NAME 3. (b) Social Security Number nove. item of i BINDING Married - emale 21. I CERTIFY that death occurred on the date above etated: .S.(c) If allve, give age ...... years FOR 7. Birth date of deceased (mo., day, yr.) Months 8. AGE: MARGIN RESERVED please 10. Usual occupation... 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations.... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, ftil in the following: (month) (day) (year) Accident, suicide, or homicide Where did Injury occur? ...... WRITE (City or town) (County) Injured at home, farm, teductry, public place (where?) ..... Injured at work? Manna of Injury Address A . Date signed. (Date rec'd by registrar)



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CERTIFICAT	E OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county	(For newborn infants give residence of mother)			
City or town	State A. Arthy County Washington			
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital Institution, or street address where death occurred	Street No. Kudysille Md. Kili			
P. O. Knopulle ma.	(Vrural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3.(a) FULL NAME	3. (b) Social Security Number			
All Levens, Tergus	ou Nou.			
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
-) emale White Widowed	20. DATE OF DEATH. De Courtes 5 1945 at 9:30P			
5.(6) Name of husband or wife 3 relling 3 erguson.	21 I CERTIFY that death occurred on the date above stated; that lettended deceased from			
1,	Moreules 30, 1945, 10 DRC 5, 1940			
7. Birth date of	and that I last saw hat alive on D. S. 19. 4. 15.			
deceased (mo., day, yr.)	Immediate finse of death DURATION			
169 9 6hrsmin.	anti- stario o meno			
	vanue suures			
9. Birthplace Surbittude Sud: Co - md.	Due to			
10. Usuat occupation. Houseufe				
11. Industry or business a Trus Home	Due to			
	Other conditions			
12. Name John Smith				
	(Include pregnancy within 3 months of death)			
14. Malden name. Elizabeth Saylar.	Major findings of operations.			
\$ 15. Birthplace Ired. Co- Md				
16. Informant Harold Linguages	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Kurulle md.				
17 Burial Date thereof Dac, 9, 1944	22. VIOLENCE: If death was due to external causes, fill in the following:			
17	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location 10 voustoro ma.	Injured at home, farm, industry, public place (where?)			
18. Funeral director TUM, J. Bast 9. Sous	Meens of Injury Injured at work?			
Address Barrantona Md.	29/11/200			
Y 4 0 0 0 0 0 0	23. SIGNATURE M. D. or other			
19. (Date rec'd by registrar)  Registrar	Address Harpers Farry, N. Va. Bate signed 2-6-40			

DEC 10 1945

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

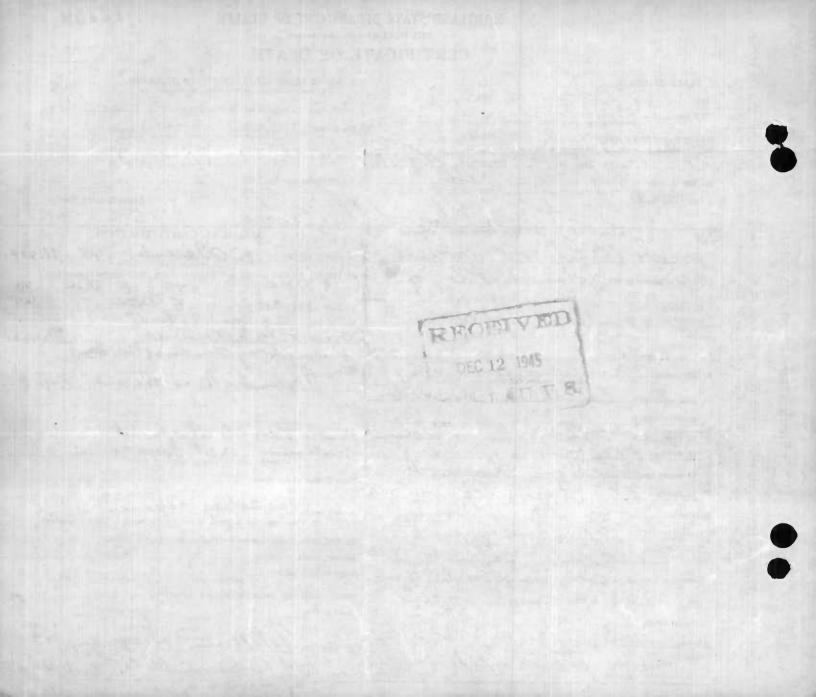
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Washington  City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 40 years  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution? 4 weeks				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Washington  City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 219 East Baltimore Street  (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAME			T. Fletcher			3. (b) Social Security	Number
4. Sex 5. Color			. married, widowed, or divorced	MEDIO	CAL CE	RTIFICATION	
Female Wh:	ite		dow	2D. DATE DE DEATH	, 15	1945	1 2.459 M
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.) J&	•••••	6.(c	Fletcher Of the alive, give ageyears 1876	21. I CERTIFY that death occurred on t	194	- to 175	19.7.
	nths	Days	If less than one day	Immediate cause of death	1/m	onlows	1/2 trens
69	11	18	hrsmin.	To lake to	Phoese	·	10 agent
9. Birthplace	ester (Town, o usewo	county, and s	ginia			- ante	11 11
11. Industry or business				, , , , , , , , , , , , , , , , , , ,	. f. f. f. f.	considerant of firemanin	
SC I L. ITAING			kfield	Dther conditions	600		
	kstow.	n, Ma	ryland	(Include pregnancy	v within 3 m	onths of death)	
H 14. Malden name	manda	Moor	e Wiley	Major findings of operations	and the same of th		*************************************
Vij	nches	ter.	Virginia	Wight hannes of obergons.		Date of op	***************************************
16. Informant Dougla	s Fle	tcher		Autopsy results	***************	***************************************	
Address Hagers				PHYStCIAN: Please underline the			d statistically.
17 Burial	val. Which?)	Date there	12-17-45 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to Accident, suicide, or homicide Where did injury occur?(Cits	1	1 1	(State)
			Injured at home, farm, industry, public place (where?)				
LOCATION	18. Funeral director. C. M. Suter & Sons			Means of Injury		tnjured at work?	
Address Hagerst				h! House	my	RAGEN	
19. Dec 17 (Date rec'd by registrar)	19 45	10	Kastillowerl	Address Hagener	ril]	M. I Date signe	o. or other d. Den. 15, 645

Registrar Address Hager

BUREAU V.S.



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	Neg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  Stale Maryland City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  107 East Howard Street (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 45 A1 41: 40 A1
6.(b) Name of husband or wife. Annie I. Garver  6.(c) If alive, give age. 80 years  7. Birth date of deceased (mo., day, yr.) April 10, 1865  8. AGE: Years Months Days If less than one day  80 7 22 hrs. min.  9. Birthplace. Waynesboro Pa.  (Town, county, and state)  10. Usual occupation. Retired Machinist  11. Industry or business  12. Name. John W. Garver  13. Birthplace Smithsburg, Maryland  14. Malden name. Eliza A. Lehman  15. Birthplace Hagerstown, Maryland  15. Informant Mrs. H. Welty Garver  Address Hagerstown, Maryland  17. Burial Date thereof 12-4-45	20. DATE OF DEATH  21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from  18. 45.  19. 45.  and that I last saw h
Cemetery or crematory. Rose Hill Cemetery  Location Hagerstown, Maryland  18. Funeral director. C. M. Suter & Sons  Address Hagerstown, Maryland  19. DEC. 4 19.45 Planlash Sowers  (Date rec'd by registrar)  Registrar	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE. And washington Date signed 12/3/4.5

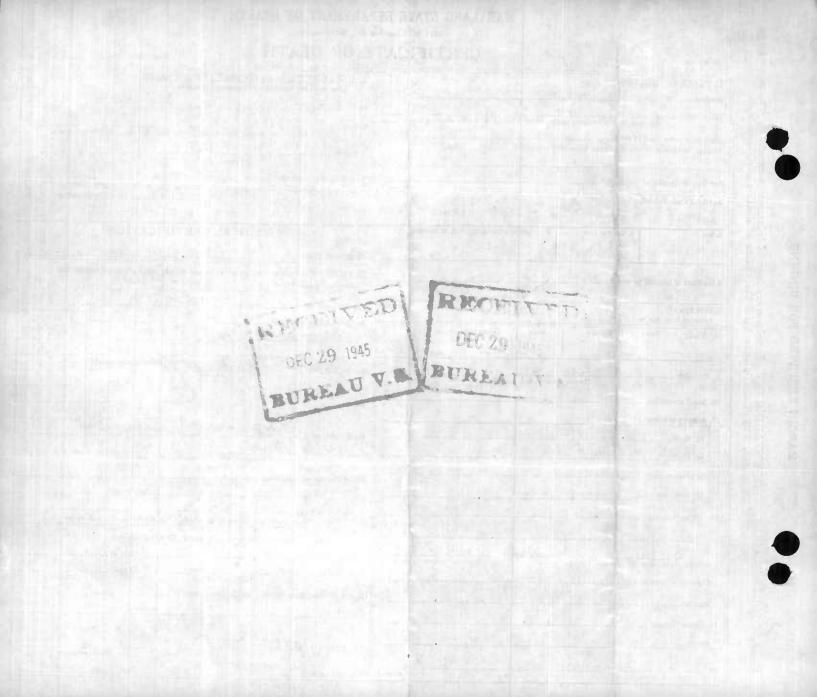
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# MARYLAND STATE DEPARTMENT OF HEALTH

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	Reg	Dist.	No.	3	00
1 577 %	veole.		0.00	************	

	arles St., Baltimore /3/2
CERTIFICA	ATE OF DEATH Reg. Dist. No. 3 05
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland County Washington
City or town. BOONSDORO (If outside city or town limits, write RURAL and give nearest town)	Ganland
How long in above place of death?	
Hospital, Institution, of October 22,000	Street No
Now long is hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Richard Theodore Gates	212-14-7173
4. Sex S. Color or race 0.(a) Single, married, wildowed, or divorced  Married  Married	MEDICAL CERTIFICATION
Male White Married	20, DATE OF DEATH
8.(b) Name of husband or wife. Merguerite Gates	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(0) Rame of Russian or Wills	Dollar 10 19 45 10 20 2) 19
7. Birth date of June 17, 1906	and theil last saw harmonive on the 3 19.
deceased (mo., day, yr.)  8. AGE: Years   Monthn   Days   If less than one day	Ipondiate cause of death
39 6 9hrs.	Dianam Thronboses of the
	malignant Hyperlension?
9. Birthpines Gapland - Wash - Md. (Town, county, and state)	010 (0)
1D. Usuat occupation. Tile Setter	Due to.
11. Indostry or business	
12 Name S, Asbury Cates  13. Birthplace Hagerstown, Md.	Dihar conditions theore Parnely willes
13. Birthplace Hagerstown, Md.	(Include pregnancy within 8 months of death)
14. Malden oame	Major Findings of operations.
2 15. Birthplace Loucust Grove, Md.	Date of sp.
16. Informant Mr. Lee Cates	A-ton mile lamb
Address Keedysville, Md.	PHYSICIAN: Please underline the cause to which death should be cherged statistically.
10 00 1045	22. VIOLENCE: If death was due to external causen, fill in the following:
17. Rurial Date thereof (month) (day) (year)	
Cemetery or crematory	
Location Keedysville, Mo.	Injured at home, tarm, industry, public place (where?)
18. Fueral director R. I. Earnshaw	Meann of injury Injured at work?
Addrens Keedvsville, Md.	Jolath H. Guald M. D
	M. D. or other
19. Det 27: 19 45 Ahu H. Bast Registrar)	



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

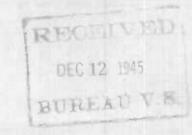
2411 N. Charles St., Baltimore 93-0/

#### CERTIFICATE OF DEATH

12762 Reg. Dist. No. 30 2\_

1. PLACE OF DE	ATH:	+ .	NA	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	F DECEASED:
County	wasi	To man	n	State Maryland Cour	
City or town	outside city or town l	mits, write R	land URAL and give nearest town)	To mondfown	
How long In above place	of death?	r Aesi	'S	(If outside city or town limits	, write RURAL and give nearest town)
Hospital, Institution, or	Avenue	death occurred		Street No. 42 East Avenu	<u>e</u>
				(If rural, give	
How long in hospital o				.    2.(a) If veteran, name war	
3. (a) FULL NAM		etta E	K. Hagerman		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White	Me	arried	2D. DATE DE DEATH. Secundos	J 8 1945 21 4:30 A. M
	Char	les E.	. Hagerman	21. I CERIFY that death occurred on the date abo	
				December 7 10	45, 10 December 8, 19 45
7. Birth date of			) It alive, give ageyea		econber 7, 19 45
deceased (mo., day,				Immediate cause of death	
8. AGE: Year		Days	If less than one day		<i></i>
77	8	7	hrsmii	Myreardial	failure 12 hours
9. Birthplece	anklin C	ounty	Pa.	Due to.	
	Housew.				
10. Usual occupation.	TO REEN	TT.	***************************************	Due to	
11. Industry or busines		-C			
置 12. Name	nas Kief Franklin	Ier	J. Brens,	Other conditions	
13. Birthplace	Franklin	Coun	ty, Pa.	(Include pregnancy within 3 m	nontha of death),
当 14. Maiden name	Henrie	tta E	liman	Main Entire of assertions has an	kentins
15. Birthplace	Franklin	Coun	ty, Pa.		Date of op
14. Maiden name 15. Birthplace 16. Informant	harles b	. Hag	erian	Actorer resolts No autos	Les
Tic	gerstown			PHYSICIAN: Please underline the cause to wh	hich should be charged statistically.
D				22. VIOLENCE: If death was due to external cau	ses, till in the following:
17 Buria	, or removal. Which	Date ther	12-10-45 (month) (day) (year)	Accident, suicide, or homicide	Date of
Complement of the control of the con	ROSE Hi	11 Ce	metery	Where did injury occur?(City or town)	
Lemetery or cremat	rerstown,	Hart	land	Injured at home, farm, industry, public place (w	
Location	CIO OUNII,	The Lay	0 0000	Injured at nome, tarm, industry, public place (w	_ Injured 21 work®
18. Funeral director	C. II.	Suter	& Sons	meons of injury	1 1
Address	Hagerstov	m, Ma	ryland		Kalturel
		_ /	(nott Bacuss)	23. SIGNATURE	M. D. ozathor
19. (Date rec'd by r	O. 19 4 S		Registr	Address Stagerstown,	MA Date signed 12/9/45

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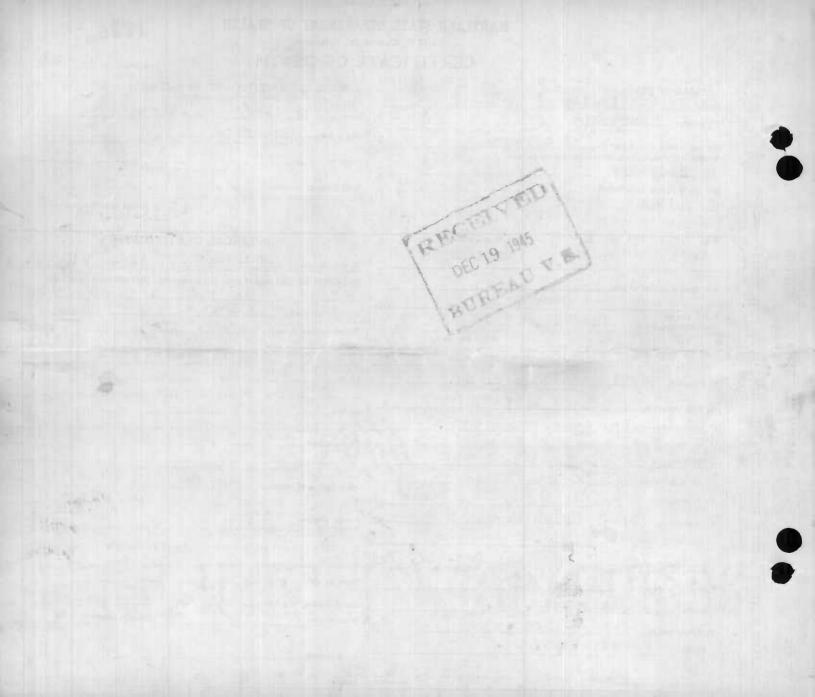
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

City or town(1) How long in above platespital, institution, Secu	a shing ton Security If outside city or town ace of death? or street address where irity	imits, write R 5 yes death occurred	URAL and give nearest town)	City or town. Security (1f outside city or town lim	County Washington  alts, write RURAL end give nearest town)
3. (a) FULL NA	DAT		Edward Harman		3.(b) Social Security Number 213-10-6787
4. Sex Male	5. Color or race White		e, married, widowed, or divorced arried		CERTIFICATION 13, 1945 9:30 P.
8.(b) Name of husba 7. Birth date of deceased (mo., da	Tana	n Ha:	rman :) It alive, give ageyears 382	21. I CERTIFY that death occurred on the date a send that I last saw h	1945 10 Dec 13 1925
8. AGE: Ye	Months 6	Days 2	tt less than one dayhrsmin.	Immediate cause of death	7
1D. Usual occupation  11. Industry or busing  12. Name  13. Birthplace.  14. Maiden nar  15. Birthplace	Stone  Stone  On Stone  On Ame  Conge W.  Frdeexel  Marthe  Mar	Mill T. Cer Varm Cs. De M.	em	Due to	3 months of death)
	Mrs. He		rman	Autopsy results	which death should be charged statistically.
Cemetery or crem	Al Rose Rose Hagerst Fred W. Hagersto	e Hillown, l	33	Accident, suicide, or homicide  Where did injury occur?	Date of
1	15, 1945		asffBowers, Registrar	23. SIGNATURE DOGENT	M. D. or other  M. D. or other  Date signed 20 14 19 45



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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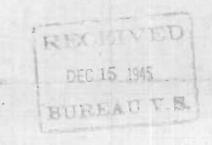
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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#### CERTIFICATE OF DEATH

		0211111011	Reg. Dist. No.
City or town	40 year	land URAL and give nearest town) 'S : pital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Washington City or town Hagerstown (If outside city or town limita, write RURAL and give nearest town) Street No. 113 Elm Street (If rural, give LOCATION) 2.(d) It veteran, name war  3. (b) Social Security Number 215-18-2784
4. Sex 5. Color or ra		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Whit	e livia	irried	2D. DATE OF DEATH
B.(0) Name of husband of wife	rtha Has	e) It alive, give age	21. I CERTUP that death recurred on the date above stated: that I stighted product true  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months 65	Days 8	It less than one dayhrsmin.	meet te caose of death Comments Comments Comments
Thomas  12. Name	lemua Na Hastin Sville,	tional Bank gs Maryland	Due to
= 1 13. Sittablace	rille, M	aryland	Major findings of operations
101111111111111111111111111111111111111	ert Has		Actopsy results
Burial (Burial, cremation, or removal.) Cemotory or crematory Rose	Hill Ce own, Mar Suter &	12-14-45 (month) (day) (year) metery yland Sons	22. VIOLENCE: If death was due to external causes, till in the tellowing;  Accident, suicide, or homicide
19. Acc. 13. 19. (Date rec'd hy registrar)	45 6	Registrar	Address Thomas Regard Le III



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore Bia

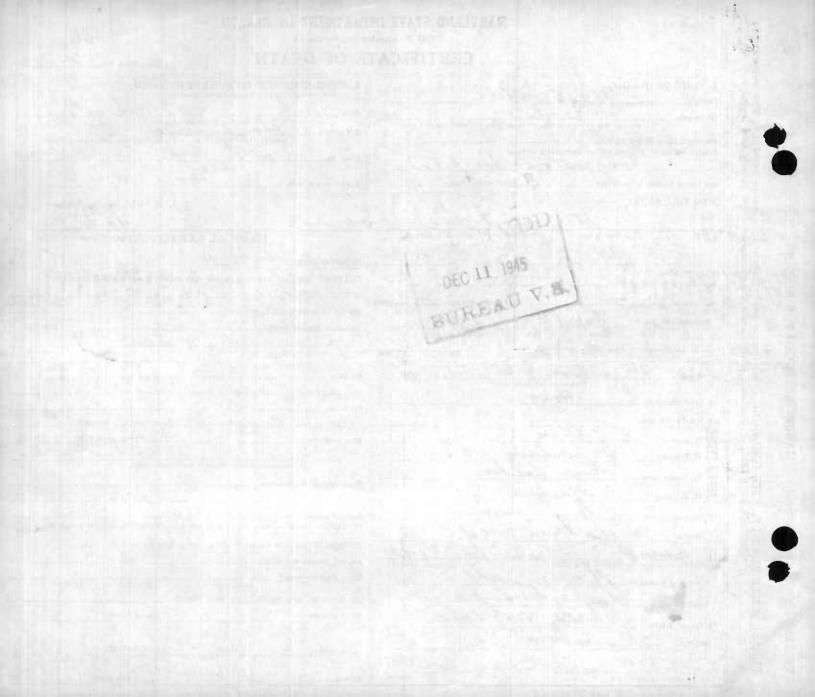
#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County. Washington  (If costed etty or town limits, write RURAL and give nearest town)  Hagerstown R. F. D. #3  State. Marry Land. County. Washington  City or town. (If costed etty or town limits, write RURAL and give nearest town)  Booglia, justificion, or street address where death occurred: Huyetts Cross Road.  Rev long in hospital or institution?  3. (a) FULL NAME  JONAS; Washington Hoffman  4. Set S. Color or nec 8. (a) Single, married, nidowed, or diversed  Widower  B. (b) Hame of husband or wife. Barbara  8. AGE: Tears Murths  77 I S. Birth dais of deceased (no. day, r.) Nov. 4 1868  8. AGE: Tears Murths  77 I S. Birth dais of County, ond state)  Farmer  11. Intentior of business Active  12. Lane. George Hoffman  13. Intention Active  14. Lane. George Hoffman  15. Informat. Miss Mary Hoffman  Maier indexes of operations.  Maier indexes operations.  Maie					
City or town. Hagerstown R. F. J. #2  (If outded city or town limits, white RURAL and give nearest town)  Rev long in above pince of death. 9 YOURS  Reputal, publichin, or vitest address where desh becurred:  Huy otts Cross Road  Rev long in hospital or institution.  3. (a) FULL NAME  Longs Washingtom Hoffman  8. (a) Single, married, widowed, or discreed  W Widower  8. (b) Hame of bushand or wife. Barbara.  8. (c) It silve, give age rear deceased from, day, yr.)  8. AGE: Vears Menths  10. Usual occupation.  11. Intensity or business Active  12. Intensity or business Active  13. It is business May Proffman  Address Hagerstown, Rappers  14. Major findious of operations.  15. Burnals  16. Informant Miss Mary Hoffman  Address Hagerstown, Rappers  17. Age of the state of t	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
book long in above place of death? Years    hospital particular, or steet address where death occurred:   Huyetts Cross Road	Hagerstown R.F.D.#2				
Hoy long in hospital or institution. or statest address where death occurred: Huyetts Cross Road  How long in hospital or institution?  3. (a) FULL NAME  LONAS: Washington Hoffman  4. Set  S. Golor or race  S.	(If outside city or town limits, write RURAL and give nearest town)	and the same of th			
How long in hospital or institution?  3. (a) FULL NAME  TORAS: Washington Hoffman  4. Set  S. Color or race  S. (a) Single, married, widowed, or diverced  W Widower  8. (b) Name of husband or wife.  Barbara  8. (c) It alive, give age.  70 I 25	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
How long in hospital or lestitution?  3. (a) FULL NAME  JONAS Washington Hoffman  4. Set S. Color or race S. Color of race Barbara  8. (a) Single, married, addewed, or diverced Wilder Barbara  8. (b) Name of husband or wife. Barbara  8. (c) It alive, give age 700 part of decay of the set of decay of the set of decay of the set of	Huvetts Cross Road	91/661 84			
3. (a) FULL NAME  JONAS: Washington Hoffman  4. Set  S. Color or race S. (a) Singte, married, widewed, or diverced Widower  8. (b) Name of husband or wife  Barbara  8. (c) It alive, give age Ferral  8. AGE: Years Formula  9. Birthplace Farmer  10. Usual occupation. Farmer  11. Industry or business  Active  12. Name George Hoffman  13. Birthplace Myersville Ma.  14. Maiden name Amianda C. Houpt 15. Birthplace Myersville Ma.  16. Informant Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burla  18. Companion, or removal, Which)  Date thereo  17. Companion, or removal, Which)  Date thereo  18. Color or race S. Color or race		2 (a) It voteran name war			
4. Set					
6. (a) Single, married, widowed, or divorced  Widower  8. (b) Name of husband or wife.  Barbara  8. (c) If alive, give age.  7. Birth date of deceased (mo. day, yr.)  8. AGE: Vears Months  7. T. Birth date of the same of t					
B.(b) Name of husband or wife Barbara  B.(c) Halve of Barbara  B.(c) Halve give age years deceased (mo. day, yr.)  B. AGE: Years Months Days Hess than one day 77 I 25 hrs. min.  B. Birthplace Mt. Lena Washing ton Co. Md.  Farmer  11. Industry or business Active  12. Name George Hoffman  13. Birthplace Myersville Md.  14. Maiden name Amanda C. Houpt  15. Birthplace Myersville Md.  16. Informant Miss Mary Hoffman  17. Burial  18. Burial  19. Co. 29 19. 45. 31. 4: I.5.  21. I CMITIFY that death occurred on the gate above stated: that I attended deceased from 2. Information of death and the conditions and the state of death. Information of death and the conditions and the state of death and the conditions.  19. V. Due to 19. V. Due					
8.(b) Name of husband or wife Barbara  7. Birth date of deceased (mo. day, yr.) Nov. 4 1868  8. AGE: Years Months Days It less than one day 7. Birthplace Mt. Lena Washing ton Go. Md.  (Town, county, end state)  10. Usual occupation.  Farmer  11. Industry or business Active  12. Name George Hoffman 13. Birthplace Myersville Md.  14. Walden name. Amanda. C. Houpt 15. Birthplace Myersville Md.  16. Informant Miss Mary Hoffman Address Hagerstown, Refer D. # I  (Burial, cremation, or removal. Which!)  Cemetery or crematory.  Date thereof. I/I/46 (month) (day) (year)  Cemetery or crematory.  Calculation and the deceased from 19. Years and the filest saw h. alive on 19. Years and the filest					
8. AGE: Vears Months Days It less than one day 77 I 25 hrs. min.  9. Birthplace Mt. Lena Washington Co. Md. (Town, county, end state)  10. Usual occupation.  11. Industry or business Active  11. Industry or business Active  12. Name George Hoffman  13. Birthplace Myersville Md.  14. Maiden name Amanda. C. Houpt  15. Birthplace Myersville Md.  16. Informan.  Miss Mary Hoffman  Address Hagerstown, R. F. D. # I  (Burfal, cremation, or removal, Which)  Cemetery or crematory Fahrney, S. Cemetery  (City or town) (County) (State)  Where did Injury occur?  (City or town) (County) (State)					
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day 77 I 25	B.(b) Name of husband or wife Barbara	21. I CARTIFY that death occurred on the date above stated; that I attended deceased from			
Second common day, yr.)   Nove 1988   Second common day   Second	B.(c) I1 alive, give ageyear	19 10 10 20 2 2 19 19 19 19 19 19 19 19 19 19 19 19 19			
8. AGE: Vears Months Days II less than one day 77 I 25	7. Birth date of decreased (mo. day vr.) Nov. 4 1868				
9. Birthplace		Immediate cause of death DURATION			
11. Industry or business  Active  12. Name George Hoffman  13. Birthplace Myersville Md.  14. Maiden name Amanda C. Houpt  15. Birthplace Myersville Md.  16. Informan Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burial (Burial, cremation, or removal, Whileh?)  Due 10.  (Include pregnancy within 8 months of death)  Major findioss of operations.  Actopsy results.  PHYSICIAN: Please moderline the cause to which death shoold be charged statistically.  Accident, suicide, or homicide.  Date of op.  Accident, suicide, or homicide.  Date of op.  Accident, suicide, or homicide.  Date of op.  City or town) (County) (State)	77 I 25min.				
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11. Industry or business  Active  Bull 12. Name. George Hoffman  13. Birthplace Myersville Md.  14. Malden name. Amanda. C. Houpt  15. Birthplace Myersville Md.  16. Informan Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burial  18. Burial  19. Date thereol. I/1/46  (Burfal, cremation, or removal, Which?)  Cemetery or crematory. Fahrney, S Cemetery  Where did injury occur?  Circuman Miss Mary Hoffman  Actopsy results.  PHYSICIAN: Please noderline the cause to which death shoold be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)		Hy parterson 10 yr			
11. Industry or business  Active  12. Name. George Hoffman  13. Birthplace Myersville Md.  14. Maiden name. Amanda C. Houpt  15. Birthplace Myersville Md.  16. Informant. Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Fahrney, S Cemetery  (City or town)  (County)  (State)	10. Usual occupation Farmer	Due 10			
13. Birthplace   Myersville   Md.   (Include pregnancy within 8 months of death)	II. Hidden of Decinos	Chronic hyalutes 1070			
14. Maiden name. Amanda C. Houpt  15. Birthplace Myersville Md.  16. Informan1 Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory Fahrney, S Cemetery  (Include pregnancy within 8 months of death)  Major findioss of operations.  Actopsy results. PHYSICIAN: Please noderline the cause to which death shoold be charged statistically.  Accident, suicide, or homicide.  Date of operations.  Accident, suicide, or homicide.  City or town) (County) (State)	單 12. Name George Hoffman	Dither conditions			
14. Malden name. Amanda. C. Houpt   15. Birthplace   Myersville Md.   16. Informant   Miss Mary Hoffman   Address   Hagerstown, R.F.D. # I   17.   Burial   Date thereof. I/I/46   (Burial, cremation, or removal, Which?)   Date thereof. I/I/46   (Burial, cremation, or removal, Which?)   Cemetery or crematory   Fahrney, S Cemetery   Cemetery   City or town)   County   (State)   County   C	13. Birthplace Myersville Md.				
16. Informant Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Fahrney, S Cemetery  Cemetery or crematory (City or town)  Adotopsy results.  PHYSICIAN: Please moderline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)	Manda C. Hount				
16. Informant Miss Mary Hoffman  Address Hagerstown, R.F.D. # I  17. Burial Date thereol I/I/46 (Burial, cremation, or removal, Which?)  Cemetery or crematory Fahrney, S Cemetery  Cemetery or crematory (City or town) (County) (State)	Maranari 12 a Ma	Major findioss of operations			
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17. Burial Date thereol 1/48 (Burial, cremation, or removal, Which?)  Cemetery or crematory Fahrney, S Cemetery Where did injury occur?  (City or town) (County) (State)	Address Hagerstown, R.F.D. # I				
Cemetery or crematory Fahrney, S Cemetery Where did injury occur? (City or town) (County) (State)	Burial Date thereol I/I/46				
	Walana an a Clawatania				
		(City or town) (County) (State)			
	Location Mapleville Md.	Injured at home, farm, industry, public place (where?)			
18. Funeral director		Mesns of Injury Injured at work?			
Address Hagerstown Md.		113 2			
23. SIDNATURE	1	23, SIDNATURE			
19 Jan 19 46 Registrar Address Que La Date signed 12 3 1. 9	19 pm. la 19 46 Loughtought	11 11 - 1 1 1 1 2 2 1 1 1			

BURLAU V 8

L. Potefi MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 95-0 CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or (If outside city or town limits, write, RURAL and give negress town carefull How long in above place of death? Nospital, Institution, or street address where death occurred (If rural, give LOCATION) information of death cle How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex BINDING causes 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from 6.(b) Name of husband or wife..... .6.(c) If alive, give age .....vears FOR 7. Birth date of and that I last saw h. ..... alive on ... deceased (mo., day, yr.) Years MARGIN RESERVED 8. AGE: 10. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 8 months of death) Major lindings of operations..... E 15. Birthplace PLAINLY, is especially 16. Informant PHYSICIAN: Pleass underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, Illi in the Ioliowing: (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) WRITE (County) Injured at home, farm, Industry, public place (where?) ..... Means of Injury Injured al work? 18. Funeral director Address (Date rec'd by registrar)



Dand E. Hory MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-20 CERTIFICATE OF DEATH 1. PLACE OF DEATH: Washington 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Washington Maugansville (If outside city or town limits, write RURAL and give nearest town City or town Maugansville (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Maugansville Maugansville (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number David L. Horst None 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION Male White Widowed BINDING Dec. 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from Dec. 21, 1872 deceased (mo., day, yr.) DURATION Immediate cause of death. If less than one day 8. AGE: RESERVED 9. Birthplace .... Washington County, Md. Farming 1D. Usual occupation..... 11. Industry or business 12, Name...... 13. Birthplace Joseph Horst ---- Pa. (Include pregnancy within 8 months of death) 14. Maiden nai Fannie Lesher Major findings of operations. ---- Pa. Antopsy results 110 16 Informant Elsie Horst PHYSICIAN: Please underline the cause to which death should be charged statistically. Maugansville, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: 17 Burial
(Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? ...., Cemetery or crematory Reiffs Cemetery City or town) (County) Cearfoss, Md. Injured at home, farm, industry, public place (where?) ..... Meens of injury 18. Funeral director Fred W. Kraiss Hagerstown. Md. M. D. or other

DEC 6 1945
BUREAU V.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15

12769

## CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 940

Cily or town Wil	ington Cou	mits, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  States. Maryland county Washington City or town villiamsport, Md.  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, o	or streef address where	death occurred		Street No. Fenton Ave.	***************************************	•••••
How long in hospital	or institution?	•••••		. (If rurai, give		
3. (a) FULL NAM					3. (b) Social Security	Number
Elizab	eth Hose				0.(0)	
4. Sex Femlae	5. Color or race Wnite		e, married, widowed, or divorced	1) //	ERTIFICATION	- 4:30A
6.(b) Name of husbane	pr wife David	Hose	A M allow alone are	21. I CERTIFY that Reath occurred on the date abo	ove stated; that I attended dec	eased from
7. Birth date of	m.) Nov. 3		) it alive, givo ageyea	rs and thet I last saw h. Lq. alive on		
8. AGE: Yea		Days	If less than one day	Immediate cause of death	7	DURATION
85	1	5	hrsml	Ossumes Qu	callesing	2 Day
10. Usual occupation	Housewif	e e e e e e e e e e e e e e e e e e e	yland	Due to		
		ien Po	tts	(Include pregnancy within 8 s		
1B, Informant	narles Ho lliamspor		(son)	Antepsy results	hich death should be charge	
Cemetery or crema	on, or removal. Which?)	ils Ce	metery Dec. 12 1946	Where did injury occur?(City or town)	(County)	(State)
			Md.	tnjured af home, farm, Industry, public place (w		
1B. Funeral director.	Edith V L	eaf		Meens of Injury	Injured at work?	
Address W	illiamspo / 2 1945	10	E Lu MEEL	23. SIONATURE	Loung	or other
(Date rec'd by r	egistrar)	····	Registr	ar JAddress Welli aust	The Date signed	12/12/45



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

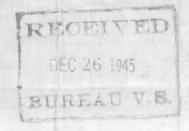
## CERTIFICATE OF DEATH

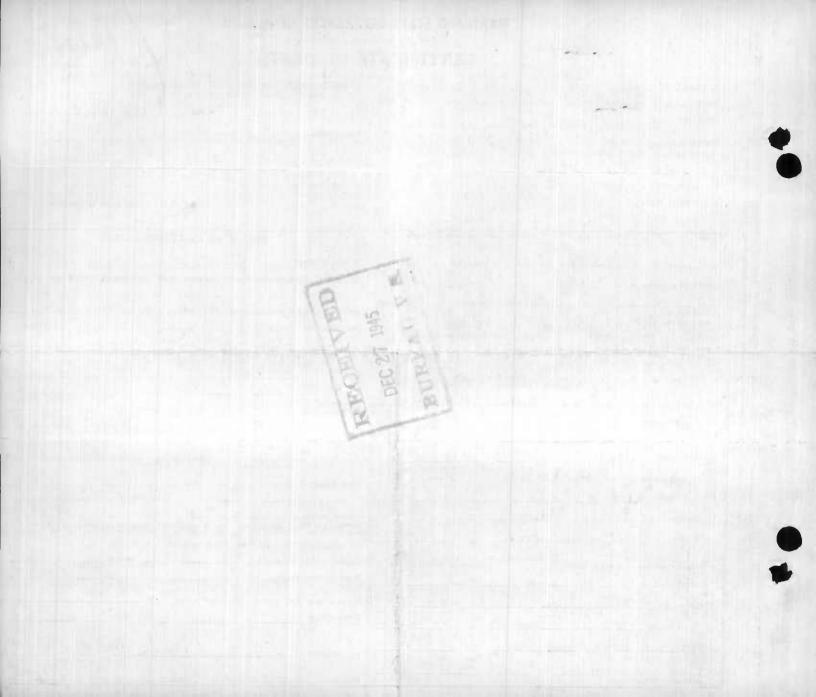
1. PLACE OF DEATH: county washington County	2. USUAL RESIDENCE (HO	residence of mother)
THE RESERVE OF THE PROPERTY OF THE PARTY OF	Maryland	Washington
City or town Hagerstown Raryland (If outside city or town limits, white RURAL and give n	earest town Williams	Bort.
How long in above place of death?	City or town(If outside city or	r town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Street No. 307 Conoc	cocheague St
Washington County Hospital	(I	f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran; name war	
3. (a) FULL NAME		3. (b) Social Security Number
Rebbeca Ann Hose		None
4. Sex 5. Color or race 6.(a) Single, married, wildowed,	or divorced MED	ICAL CERTIFICATION
Female White Baby	12/	19/45- 18 al (0.30 A)
		o the date above slated; that I attended deceased from
6.(b) Name of husband or wife	21. I CENTIFT THAT DEATH OCCUPATION	19
7. Birth dale of		on /2/9/41/- 19
deceased (mo., day, yr.) Oct. 29 1945		
8. AGE: Years   Months   Days   If less than one	day Immediate cause of death.	DUNATION 3
1 20hrs.	min.	
Widl Liomanont Wd		<i></i>
9. Birihplace Williamsport, Md. (Town, county, and state)	Due to	
10. Usual occupationBaby	Due to	
11. Industry or business  12. Name James W. Hoss		
	Dther conditions	
	(Inelude pregnan	ey within 3 months of death)
14. Malden name Alice Vaughn 15. 6irthplace Halfway Md.	Major findings of operations	
15. Sirtholace Halfway Md.		Date of op.
Alica Hann (Wather)		
307 Conococheague Se. W	Autopsy results	cause to which death should be charged statistically.
Address	22 VIOLENCE, If don't was due for	o external causes, fill in the following:
17. Burial (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	11- 45	Date of
Cemetery or cremafory. Greenlawn Cemetery	Where did injury occur?(Ci	ty or town) (County) (State)
Williamsport, Md.	Injured af home, farm, Industry, put	glic place (where?)
Edith V Leaf	Mesns of injury	Injured at work?
18. Funeral director Edurch St. Williamspo	rt. Md.	1/1
Address	23. SIGNATUREA	- Joung
" DE 21 " 45 CKASHT	ower,	M. D. or other
19. (Date rec'd by registrar)	Registrar Address lu Mu	Officer Und Date signed for Traffy:

VS A15

The correct age

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.





... Date signed ASC - 25

## MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: County Washington (For newhorn infants give residence of mother) Washington City or town Hagers twon
(If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital Institution, or street address where death occurred:
Wasgington County Hospital 851 Guilford Ave (If rural, give LOCATION) World War How long in hospital or institution? \_\_\_\_\_ Day 3. (a) FULL NAME 3. (b) Social Security Number Jacob Franklin House 705-10-7402 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION December 24 1945 White Male Married Ethel G. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife...... N.C. 21 1945 to Dec 24 1945 .6.(c) If alive, give age ... 51 and thet | last saw h in allve on Dec 23 19 4/3' 7. Rigth date of July 10 1892 deceased (mo., day, yr.) DURATION Immediate cause of death .... If less than one day Months 8. AGE: 53 & Bidbales Shenandoah Shenandoah Co. Va. (Town, county, and atate) Carone Branchelis Conductor Due to Browneling Asthera W. M. R. R. 11. Industry or business William House Shenandoah Va. (Include pregnancy within 3 months of death) 14. Maiden nam 15. Birthplace Leona Coverstone Major findings of operations..... Shenandoah Va. Mrs. Ethel G. House 16. Informant.... PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Burial Date thereof 12/27/45 (month) (day) (year) (Burini, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or crematory Rose Hill Cemetery Hagerstown Md. Injured at home, farm, Industry, public place (where?) ...... injured at work? Means of Injury Andrew K. Coffman

Registrar

especially

PL.

WRITE

PLEASE

Address.

(Date rec'd by registrar)

Hagerstown Md.

legibly.

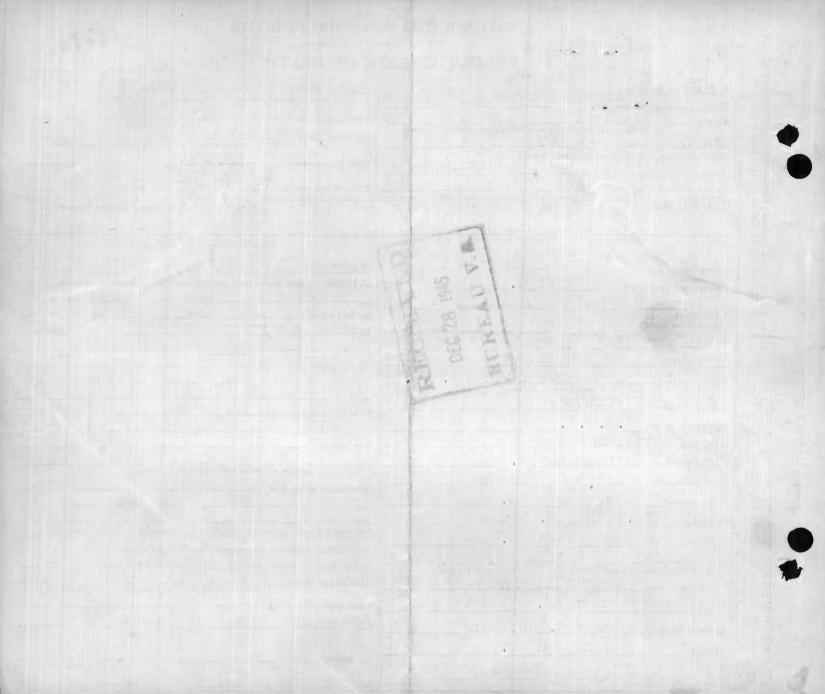
information carefully of death clearly and

BINDING

FOR

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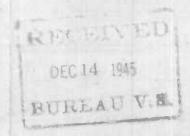
ARGIN



Supply every item of information carefully. The caase write the causes of death clearly and legibly important. PLEASE WRITE PLAINLY, is especially

			CERT	IFICAT	E OF DEATH
1. PLACE OF DEATH County Washin City or town. Fund (if outsite How long in above place of de Hospital, institution, or stre- Keller How long in hospital or insti 3. (a) FULL NAME	ngton kstown le city or town lim eath? 6 l et address where de s cabin litulion? No	its, write I Hours ath occurred	CURAL and give neard	est town)	2. USUAL RESIDENCE (For newborn tufonts a State
4. Sex   5.	Color or race	6.(a)Singl	e, married, widowed, or d	lvorced	M
Male	White	1 1	arried		20. DATE OF BEATH.
B.(b) Hame of husband or wi	Janua	6.(	c) If alive, give age		21. I CERTIFY that death occur and thet I last saw ha
8. AGE: Years	Months	Days	If less than one day		Immediate cause of death
19	11	5	hrs.	min.	Asphyxia (
9. BirthplaceCear.  10. Usual occupation	Labore:	r n Drv	Cleanin	g Co.	Due to
12. Name Jo	ohn H. I	House	holder		Dther conditions
13. Birthplace	Dry Ru	an Mo	l.		
14. Malden name	Mary We	eaver	Md.		(Include pre
18. Informant Mr					Aotopsy results. No
	Hagersto				PHYSICIAN: Please underlie
17 Burial (Burial, cremotion, or r	removal, Which?) Dunka:	Date ther	ent 12/12/4 (month) (da emetery		22. VIOLENCE: It death was Accident, suicide, or homicide.  Where did injury occur?
Location Br		_			Injured at home, tarm, Industry Means of Injury 825 S
	Hager				16%
19. Dec 19 (Date rec'd by registra				Registrar	23. SIGNATURE

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn fufonts give residence of mother)	
State raryland County Washinton	
City or town Hagerston (If outside city or town limits, write RURAL and give nearest town)	
Street No. 805 Woodland Way	
(If rural, give LOCATION)	100000
2.(a) It veteran, name war None	
3. (b) Social Security Number	
220-16-2086	
MEDICAL CERTIFICATION	
20. OATE OF DEATH. Deacmber 9 1945 19 About 3	AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
and thet I last saw halive on	
Immediate cause of death DURATIO	
Immediate Capte of death	, , ,
Asphyxia due to acu	ite
	********
Due to & arbonmonoxidepoisoning	********
***************************************	
Bue to	,
Dther conditions	
(Include pregnoncy within 3 months of death)	
Major fiediogs of operations	
ADate of op.	
Actors results	*******
22. VIOLENCE: It death was due to external causes, till in the tollowing;	- 1
Accident, suicide, or homicideaccident  Accident, suicide, or homicideaccident  Wash  Where did injury occur?  Wash  (State)	
Where did injury occur?	.Q•
(City or town) (County) (State) Injured at home, tarm, industry, public place (where?)	IS
Means of Injury gas stove in small alwordom , asle	
DEPUTY MEDICAL E	XAIII
MASH. CO., MD.	/
23. SIGNATURE M. D. or other	
4/ +	145
Address. Date signed	



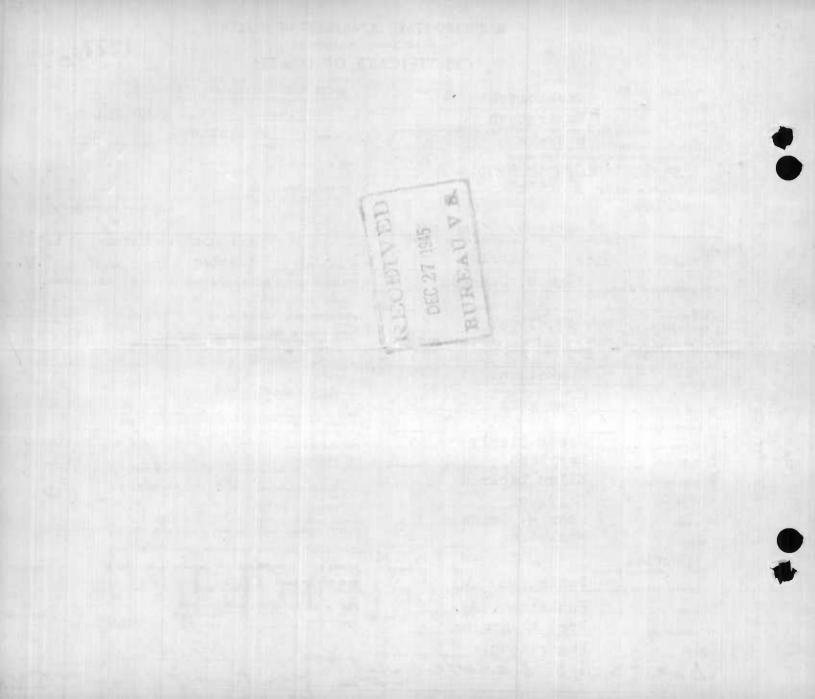
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61)

### CERTIFICATE OF DEATH

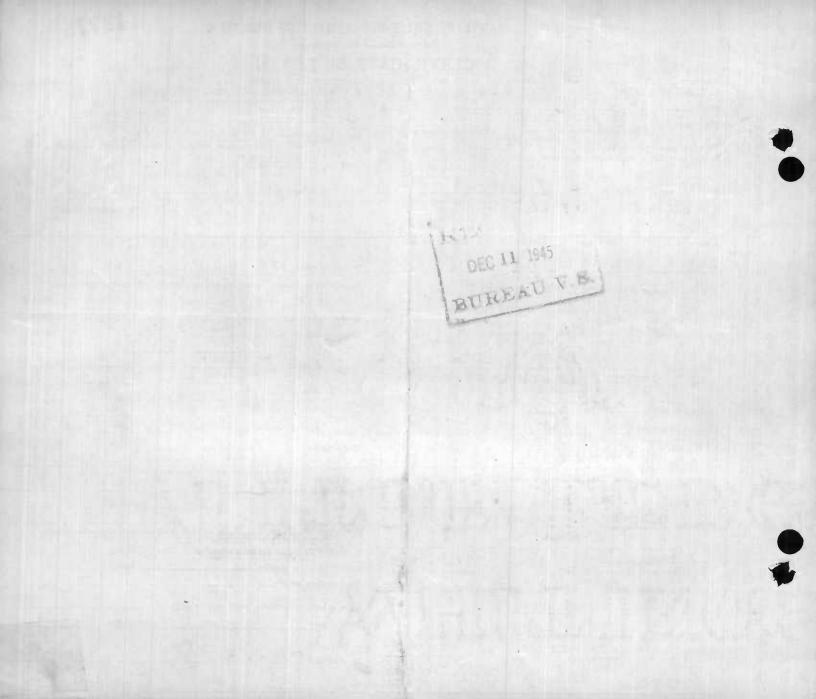
1. PLACE OF DE	was	hington		2. USUAL RESIDE	ENCE (HOME) Of	DECEASED:	ETER EL
County				State Maryla		Washingto	n
Olty or town(If c	outside city or town lir	erstown	give nearest town)				
low long in above place	of death?	eeks		City or town(If or	utside city or town limits	na, write RURAL and give ne	earest town)
nuspital, institution, or	STICCI MANICOS MIICIC A	CHILL OCCULLED.		Street No			
Washi	ngton Cou	nty Hospi	tal		(If rural, give		
dow long in hospital or	r Institution?	WEERD		2.(a) If veteran, name	war		
3. (a) FULL NAM		ie E. Joh	nson			3. (b) Social Security No	Number
4. Sex	5. Color or race	6.(a)Single, married, w	idowed, or divorced		MEDICAL CE	ERTIFICATION	11*15
Female	White	Marrie				22 19 45	
6.(b) Name of husband	or wife Joh	n W. John	son	21. I CERTIFY that dea	th occurred on the date abou	ve stated; that I attended dec	eased from
		6.(c) If allve, o	ve ageyears	actob	الما عرب الما	45, 10 Dec.	22 1940
7. Birth date of	N 7 C	. 1878.	170 850	and that I last saw h	Callalive on	ecember ?	19.4
deceased (mo., day, )  8. AGE: Years			han one day	Immediate cause uf d	eath		DURATION
6		5		$\rho$		••••••••••	2/
		kstown		GM	allested)		2/2-120
9. Birthplace	(Town,	county, and state)		Due to.	t. mice	<i>t</i>	18-
10. Usual occupation	Hom	e work	***************************************				S
11. Industry or busines				Due to	***************************************	-5555	
		ob Bierly		Dibar conditions	wetple a	bruses	2 ma
12. Name		yland					
	ד ר מד		a		ude pregnancy within 3 m		
14. Maiden name		yland				bestion.	
	Tab				11	Date of op	
16. Intermant			son	Antopsy results PHYSICIAN: Please t	underline the cause to wh	ich dath should be charge	I statistically.
Address	run.	kstown		20 VIOLENCE, II do	ath was due to external caus		
17 Buria	, or removal. Which?)	Date thereof. De	c 24, 1945 nonth) (day) (year)	Accident, suicide or h		Date of	
	Fin	katown	nonth) (day) (year)				
Cemetery or cremate	OF y	. ,				(Connty)	
Location			d		industry, public place (wh	here?)	••••••
18. Funeral director	Fre	d W. Krai	35	Means of Injury		injured 3) work?	
Address	Hag	erstown,			X	Airel	
A.e.	23 115	- Chas	HBoures	23. SIGNATURE			-or other
(Date rec'd by re			Registrar	Address Mag	erstown	Date signed	12/22/44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

	arlea St., Baltimore
CERTIFICA	TE OF DEATH  Reg. Diat. No. 30 2
1. PLACE OF DEATH: Washington  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Washington  Rural Near Cearfoss  (If outside city or town limits, write RURAL and give nearest town)  Hagerstown Rt. 4  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME  George S. Keener	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE DF DEATH Dec. 6 19.45 at 9 8
6.(b) Name of husband or wife Eliza R. Keener  6.(c) If alive, give age year deceased (mo., day, yr.)  Feb. 27, 1859	21. I CERTIFY that death occurred on the date above stated; that ! attended deceased from
8. AGE: Years Months Days If tess than one day  8. 9 9	n. Immediate cause of death DURATION
9. Birthplaca Lanchester County Pa.  (Town, county, and state)  10. Usual occupation Farmer  11. tndustry or business Retired  12. Hame George S. Keener  13. Birthplace Germany	Due to
Fannie Stouffer  14. Malden name Germany  15. Birthplace Germany	Major fiadings of operations
16. laformant Clinton J. Keener  Address Hagerstown Rt. 4	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Dec. 9, 1945  (Burial, cremation, or removal, Which?)  Cemetery or crematory Reiff Mennonnite  Location Near Cearfoss Md.	22. VIOLENCE: If death was due to external causee, fill in the following:  Accident, suicide, or homicide
18. Funeral director Scott F. Minnich & Son Address Hagerstwon Md.	Means of injury tnjured at work?  23. SIGNATURE M. D. or other
19. DEC 8 19.45 PHART LOWERS (Date rec'd by registrar) Registr.	When I was the same of the sam



302

M. D. or other

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 400

CERTIFICATE OF DEATH

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: County washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State Naryland County Washington
How long in above place of death?	Cily or town Funks.town (If ontside city or town limits, write RURAL and give nearest town)  Street No. East Baltinore St.
East Baltimore St.  How long in hospital or institution? None	(If rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
William Henry Kershner	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH. December 16 194519 at 1 P M
6.(b) Name of husband or wife Susan  6.(c) It allve, give age 7 7  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that Laffended deceased from  19. 45. to 20. 19. 45.  and that I last saw h 2002 alive on 20. 19. 45.
deceased (mo., day, yr.) July 31 1875	Immediate cause of death
8. AGE: Years Months Days It less than one day 70 2 15min.	Cerebral apopleage 7 days
9. Birthplace Fairview Wash. Co. Md. (Town, county, and state)	Due to Agretterin + Attenders
10. Usual occupation. Overseer	Oue to.
11. Industry or business State Road	
t2. Name Jacob S. Kershner  13. Birthplace Marlowe W. Va.	Other conditions Carlinons of Rectum 6 Months
Susan Chrisman  Susan Chrisman  Susan Chrisman  Susan Chrisman  Susan Chrisman	(Include pregnancy within 8 months of death)  Major findings of operations.
\$ 15. Birthplace Williamsport Md.	Oate of op.
16. Informant John L. Kershner	Autupsy results
Address Hagerstwon Md,  Burial  (Burial, cremation, or removal, Wbieh?)  Address Hagerstwon Md,  Date thereot 12/18/45  (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
(Burlal, cremation, or removal, Wbich?) (mouth) (day) (year)  Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18 Sussel diseler Andrew K. Coffnan	Mesns of Injury Improved at work?

23. SIGNATURE

VS A15

PLEASE

18. Funeral director

(Date rec'd by registrar)

Address

Hagerstown Ld.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 20 1945 BURBAU V-SL

### MARYLAND STATE DEPARTMENT OF HEALTH

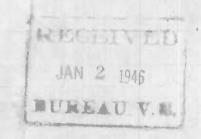
2411 N. Charles St., Baltimore The

Dr Bell

CERTIFICATE OF DEATH

12777 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washin gton	state Maryland county Washington
City or town. Hagers town (If outside city or town limits, write RURAL and give nearest town)	" Hamanataim
How long in above place of death? IO Days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	2I West Antietam St.
Washington Co. Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Carrie E. King	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P. M.
F W Married	20. DATE OF DEATH December 28 19 45 at I2: 3
6.(6) Name of husband or wife Samuel L.	21. I CENTIFY that death occurred on the date above stated; that Lattended deceased from
8.(c) If allve, give age 75	December 15, 1945 10 Dec. 28, 1945
7 Right date of	and thet I last saw h and alive on Accessives 29, 1944
deceased (mo., day, yr.) June 2I 1872	Immediate case of death
8. AGE: Years   Months   Days   If less than one day	Orastural classicle), 13 days
73 6 7hrsml	n. right
9. Birihpiaca Shepherds town Jefferson W. Va.	Due to
10. Usual occupation. Housewife	
	Due to
11. Industry or business OWN Home	
	Diher conditions Issulmonary embolism 15 mins
13. Birthplace Shepherdstown W. Va.	(Include pregnancy within 8 months of death)
Henrette Orndorff	Major findings of operations Rosperation
Henrette Orndorff  14. Maiden name Henrette Orndorff  15. Birthplace Shepherdstown W. Va.	
16. Informani Samuel L. King	Autopsy results. As Autopsy results.
77	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external cruses, fill in the following:
Burial Bate thereof I2/3I/45 (mouth) (day) (year)	Accident, suicide, or homicide lanta, accident Bale of Aug. 15.194
Cemetery or crematory Rose Hill Cemetery	Whose did labor cours Near Bealist (X) Pa
	(City or town) // County) (State)
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Meens of injury Cluts, excited Injured at work?
Address Hagerstown Md.	A Karl
1- 20 15 Prontes	23. SIGNATURE
(Date ree'd by registrar)  Registra	ar Address Hagerstown Mrs. Bate signed 12/29/45



A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12778

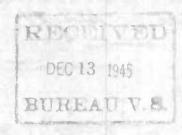
## CERTIFICATE OF DEATH

1. PLACE OF D					2. USUAL RESIDENCE (HOME) OF DECEASED:	
County		ington		(For newborn infants give residence of mother) State Maryland County Washingt	on	
City or town. Haserstown Mary Land (If outside city or town limits, write RURAL and give nearest town)					Hegerstown	0.11
How long In above place of death? 27 years				City or town (If outside city or town limits, write RURAL and give	nearest town)	
Mospital, Institution, o	or street address where	death occurred			Street No. 140 West Antietam Stree	t
renn. m	Junu nous		***************************************		(If rural, give LOCATION)	
	or Institution?				2.(a) If veteran, name war	
3. (a) FULL NAM					3. (b) Social Securi	
			itzmiller, S.	r.	214-09-19	47
4. Sex	5. Color or race		, married, widowed, or divorced		MEDICAL CERTIFICATION	
Sale	White	1	Married		20. DATE OF DEATH. 1 9- 9-5-19.	1 6:301
C (b) Name of husbans	Anna Anna	Pearl	Kitzmiller		21. I CERTIFY that death occurred on the date above stated; that I, attended d	
O.(O) Hame of husband	9 VI WIIG		58		Jee 13-41 10 Dec/	584
7. Birth date of	Co.+ 0		) If alive, give age	. years	and that I last say in a live on See 18-43	19
deceased (mo., day,		Der 8	f less than one day		Immediate cause of death	OURATION
8. AGE: Year		11			, J	
			hrs	min.	Cowney Vision	- Yuta
9. Birthplace	larrisbur	g, Pa.	tota)		Due to	
40.11	Crew Di	spatel	ner			***************************************
				••••••	Oue to	*****
	Peniemin				,	
12. Name	Benjamin Harrisbu	ALVAIL	iller		Other conditions	****
13. Birthplace					(Include pregnancy within 3 months of death)	
王 14. Malden name					Major findings of operations	
14. Malden name	Harrisbu	rg, P	3.		Bate of op	
16. Informant	Mrs. Geo	. H. I	Kitzmiller,	Sr.	Antopsy results.	
	agerstown	Mar	พไลทส์		PHYSICIAN: Please underline the cause to which death should be charge	
					22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, crematio	n, or removal. Which?	)	of 12-21-45 (month) (day) (year	)	Accident, suicide, or homicide	
Cemetery or crematory Rest Haven Cemetery					Where did injury occur?	(State)
Location	Hagersto	wn, Ma	aryland		Injured at home, farm, industry, public place (where?)	000000000000000000000000000000000000000
18. Funeral director.	A 34 C				Means of Injury Injured at work?	
	gerstown,	Mary	land		19107	
Q1	41 /11	- 1	Least Barro	an	23. SIGNATURE M. M.	D. op othes
19. (Date rec d by r	egistrar)	4	Reg	istrar	Address Date sign	ed 7/2/41

RECEIVED

DEC 26 1945 .

BUREAU V S.



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

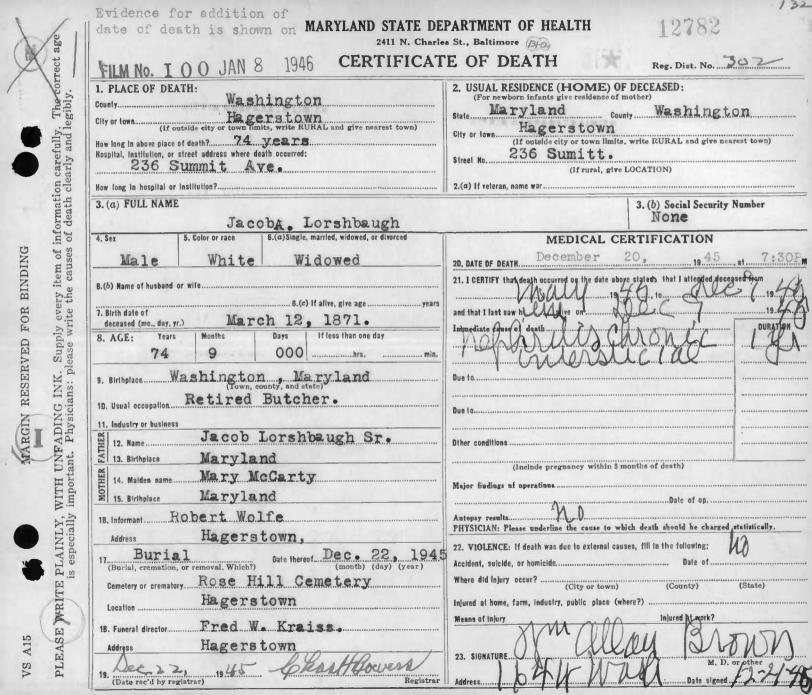
## MARYLAND STATE DEPARTMENT OF HEALTH

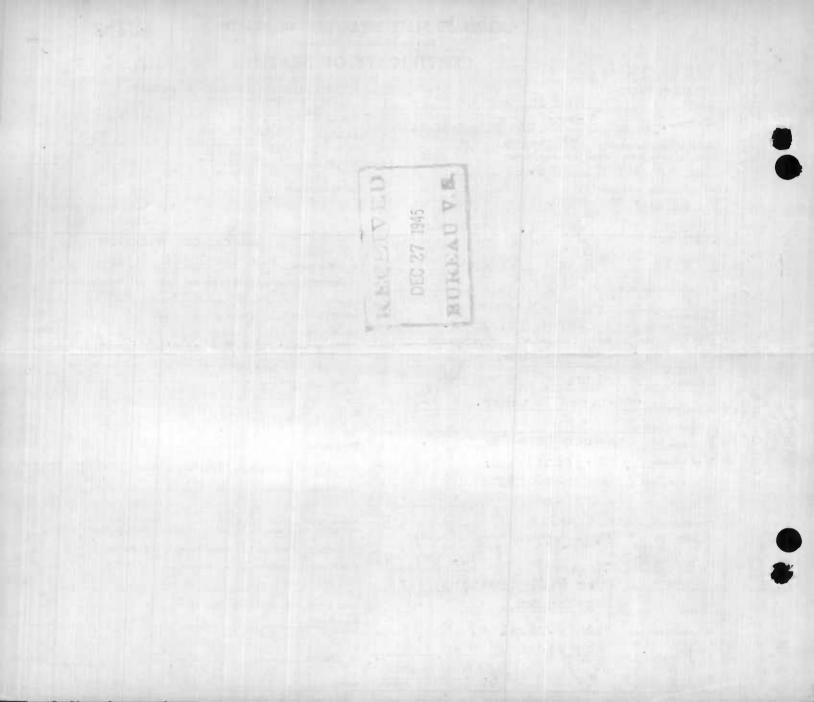
## 2411 N. Charles St., Baltimore CEDTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH	The same	Reg.	Dist. No.	
1. PLACE OF D		•••••		2. USUAL RESIDENCE (For nowborn infants				
How long to above place			URAL and give nearest town)	City or town	Antiets	a.m. i, write RUR	AL and give near	eat town)
How long in hospitat	or Institution?		***************************************	2.(a) tf vateran, name wer			**********	
3. (a) FULL NAM	ME Clarence	M. Kr	etzer				ocial Security N	umber
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	N.	EDICAL CI	ERTIFIC	ATION	
Male	White	Mar	ried	20. DATE OF BEATH	Dec.	9	1945	at2:45AM
8.(b) Name of husband or W. Nannie Kretzer  S.(c) It alive, give age years  deceased (mo., day, yr.) April 4, 1891				and that I last saw h.	alive on	te 10		9 10 Y) 19 Y Y
8. AGE: Yee 54	rs   Months	Days 5	It less than one day	Immediato cause of death	1	ndrl	~	DURATION
			r.vland		rellor	Jole	sals	6-yr.
it. industry or busine	000			Due 10		0		
12. Name George Kretzer  13. BirthplaceAnititam, Maryland				1 AMIC.	LL Cr	atel	ع	7
t4. Malden name	Annie Ctze Antietam, Nannie K	lberge	r	Major findings of operations				
2 15. Birthplace	Antietam,	Maryla	nd		*********	1	late of op	
TO THE WALL TO SHARE				Antopsy results	no tho cause to w	hich death she	ould be charged s	tatistically.
Address Rural Sharpsburg, Maryland  17. Burial (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)				22. VIOLENCE: If death was				2828
		(month) (day) (year)	Where did injury occur?					
Location	Sharna	hure.	Maryland	Injured of home, farm, Indust	ry, public place (w	here?)		30000-000000000000000000000000000000000
		-	a.w				red al work?	
Addresa			Maryland	23. SIGNATURE.	No	H-81	ual	M.D.
19. (Date rec'd by 1	registrar)	900 000000	Ceg Deeg Registr	ar Addresa Shor	polony)	mel	M. D. oi	/ . /



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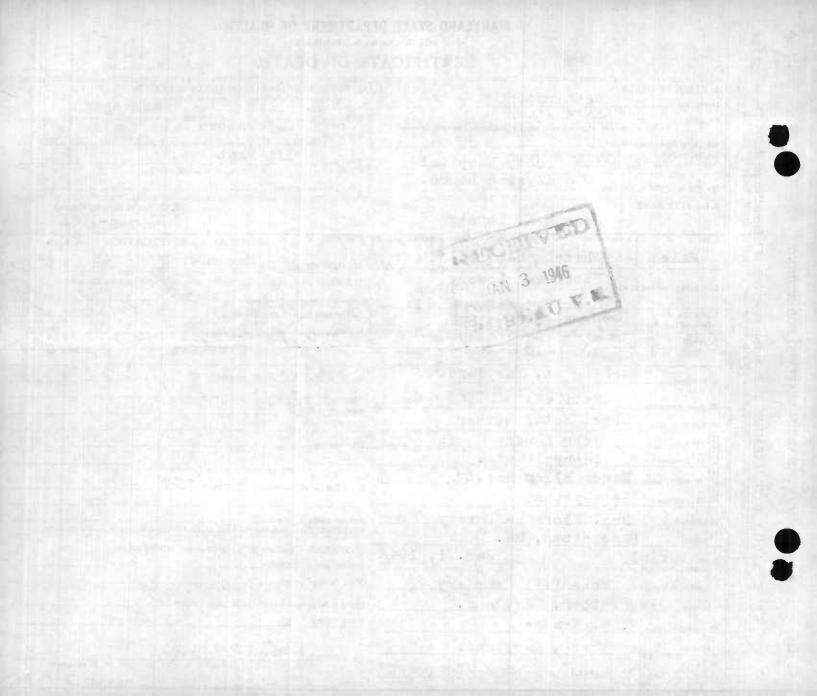




## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 46-20 4 CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Hagerstown	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  State  Maryland
City or town	Hagerstown
How long in above place of death?	STATE OF TOWN
Hospital, Institution, or street address where death occurred: Washington County Hospital	I D HAST AVE.
washington County hospital	Street No
How long In hospital or institution? 2 days& 6 hours.	2.(a) If veleran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Joseph H. Lowery	215-18-1681
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.M.
Male White Married	2D. DATE DF DEATH December 29 19 45 st 6 M
Florence Lowery	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or Wife	men 1 - 10 45 10 12/29 10 40
7. 9Irih date of	and that I last saw h. file alive on 12/2/9 1845
deceased (mo., day, yr.) Febuary, 19, 1872	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Immediate canno no death DURATION Literarinal Obstriction 10 hours
73 10 10hrsmin.	
9. 9 rthplace	Due to Carei us ma o Sigmond
9. 9irthplace	Due 10.
1D. Usual occupation	
ff. Industry or business Sheet Metal Worker	Due to
≝ 12. Name John Lowery	Other conditions
John Lowery  12. Name	
	(Include pregnancy within 5 months of death)
14. Malden name. Nanda Ellej Beatty  15. 9rthplace Pennsylvania	Major findings of operations as above
2 15. 91rthplace Pennsylvania	_ Date of op.
19. Informant Mrs. Fiorence Lowery	Antopsy results
Address Hagerstown, Md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Bare 1, 1946  (Burial, cremation, or removal, Which?)  Bate thereof Jan. 1, 1946  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	
Location Hagerstown, Maryland.	Injured at home, farm, industry, public place (where?)
19. Funeral director F. W. Kraiss	Means of injury Injured at work?
Address Hagerwtown , Maryland .	1/21 41111
1 - 19 1/12	23. SIGNATURE M. D. M. D.
19 Dec. 3/1 1945 Chast Tower	19/4
(Date rec'd by registrar) Registrar	Address 131W WASHINGTON ST Date signed 729-4V



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The estimate respecially important. Physicians: please write the causes of death clearly and legibly

The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 230

li austrait, and Date Signed 12 11

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State. Maryland county. Washington.  City or town. Hagerstown Md.  (If outside city or town limits, write RURAL and give nearest town)		
Washington County Hospital	Street No. 36 Elizabeth St. (If rural, give LOCATION)		
How long in hospital or institution? 14 Days	2.(a) If veteran, name war		
3.(a) FULL NAME Florence L. Lowman	3. (b) Social Security Number 214-09-5509		
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH, /2/6/45 19, 21 8 P.		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended decreed from  19		
8. AGE: Years Months Days If less than one day	Immediate cause of death Duration		
47 6 23hrsmin.	La College Col		
9. Birthplace	Due to.		
1D. Usual occupation. Housekeeper	Due to		
f1. Industry or business			
12. Name Frank Lowman 13. Birthplace Leitersburg Md.	Dther conditions		
14. Malden name Jennie McCauley 15. Birthplace Chewsville Md.  16. Informant Mrs. Ruby Castle	(Include pregnancy within 8 months of death)  Major findings of operations		
15. Birthplace Chewsville Md.	Date of op.		
16 laformani Mrs. Ruby Castle	Autopsy results		
Address Williamsport Md.	PHYSICIAN: Please underfine the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory. Greenlawn	Where did injury occur? (City or town) (County) (State)		
Location Williamsport Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director. C.M. Suter& Sons	Meens of injury Injured et work?		
	+ 100 m a / 1		
Address Hagerstown Md.	23. SIGNATURE M. D. or other		
19. Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address ilianustra tud Date signed 12417/XJ		

DEC 20 1945

Dr. Novenstein

Washington Hagers own Western Pike
(If outside city or town limits, write RURAL and give nearest town) Gateway Nurseing Home (If rural give LOCATION) 3. (b) Social Security Number None MEDICAL CERTIFICATION 20. DATE DF DEATH December 29 19 45 at 2: 30 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION

PHYSICIAN: Please anderline the cause to which death should be charged statistically.

Accident, suicide, or homicide. Occardent. Date of Occarden 9th, 1945.

Injured at home, farm, industry, public place (where?) Laymania Mursing Atomel.

JAN 3 1946

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

12786 Reg. Diat. No. 302

1. PLACE OF	EATH: ashington			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	Haganatow	20	JR4**44********************************	State Maryland Con	Washin	gton	
Cily or town(1	If outside city or town	limits, write R	URAL and give nearest town)	The contract of the contract o			
How long in above pla	ace of death?	Llie	 	(If outside city or town limit	s, write RURAL and give n	rarest town)	
Hospital, Institution.	or street address where	death occurred		street No. 722 West Chu	urch St.		
122 W	est Churc	n St.	***************************************	(If rural, give			
How long in hospital	or institution?	***************		. 2.(a) If veteran, name war		***************************************	
3. (a) FULL NA	me Edwa	rd Mar	ious	3. (b) Social Security Number None			
4. Sex	5. Color or race	6.(a) Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	EUE SE	
Male	White		Widowed	2D. DATE OF DEATH Dec. 26,	1945 ,12:	Og Noon	
O (h) Name of bush	ad as wife		•••••	21. I CERTIFY that death occurred on the date abo	ove stated; that t attended dec	eased from	
					43 to 250	26 18 42	
7. Birth date of	3.5		) tf alive, give ageyear	and that f lest saw to allve on	- 65.2	19	
deceased (mo., da	y, yr.) March	4 6 4 4	.868	Immediate cause of death		DURATION	
8. AGE: Ye	7 Months	Days	tt less than one day		40.440.000.00440.00440.00440.00440.0044.00440.0044.00		
	1 9	15	hrs min	· Clarence -		1844	
9 Birthniace	Hagerstow	n Was	hington, Md.	Due to This there to the	***************************************	***************************************	
0. 0,111,11	(Town	county, and a	tate)	***************************************			
10. Usual occupatio	, Retired	Falli	oad Conductor	Bue to Langed from	tak	2 Thinn	
11. Industry or busin	1888						
当 12. Kame	John Mani	ous		Dither conditions Difficia Sele	7:780		
12. Name	Lancas						
Z Z	Indini	e Eick	elberger	(Include pregnancy within 8			
14. Malden nam	Indini Maryla		W.H. XX.A. & X.A.	Major findings of operations			
\$ 15. Birthplace	Maryla	nd.			Date of op		
18, taformant	William C	. Mani	ous	Autopey results			
	Hagerstow			PHYSICIAN: Please underline the cause to which death should be charged statistically.			
				22. VIOLENCE: If death was due to external cal			
(Burlal, cremat	ial ion, or removal. Which	Date them	of Dec. 28 19.6 (month) (day) (year)	Accident, suicide, or homicide	Date of	240044400400000000000000000000000000000	
Cometery or crem	atory Rest	Haven	Cemetery.	Where did injury occur?(City or town)	(County)	(State)	
Localion	Hagersto	wn. Ma	ryland.	Injured at home, farm, industry, public place (w	rhere?)		
18 Funeral director	F. W.	Kraiss		Means of Injury	Injured at work?		
	gerstown,			(A)	DA PS	1.0	
		110	f 1163	23. SIGNATURE	) V WILKET	or other	
19. DEC	- 28 1945	101	confrieden	· Hagen Fill	7701/1	3011	
(Date rec'd by	registrar)		Registra	Address.	L. Date/signer	1 Jana	



### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Washington (For newborn infants give residence of mother) Hancock Rural (If outside city or town limits, write RURAL and give nearest town) State Maryland county Washington Hancock, Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number Donald Edward Mann 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION causes December 31 19 45 at 4:30A Male White Single 20. DATE OF DEATH ..... 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 6.(b) Hame of husband or wife..... 7. Birth date of deceased (mo., day, yr.) December 8. AGE: RESERVED Hancock, MARGIN 11. Industry or business Espey Mann Washington Co. (Include pregnancy within 3 months of death) Margret Flowers 14. Maiden nat Major findings of operations ...... Washington Co. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Hancock, Md. Rural 22. VIOLENCE: If death was due to external causes, fill in the Yollowing; Date thereof Jan. 2 1946 (Burial, eremation, or removal. Which?) PL. (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) WRITE tocation West of Hancock, Route 40 Injured at home, tarm, industry, public place (where?) ..... Snyder-Rowland Means of Injury Hancock, Md. 23. SIGNATURI M. D. or other (Date rec'd by registrar)

Date signed .....

RECEIVED

2411 N. Charles St., Baltimore 940

12788

## CEPTIFICATE OF DEATH

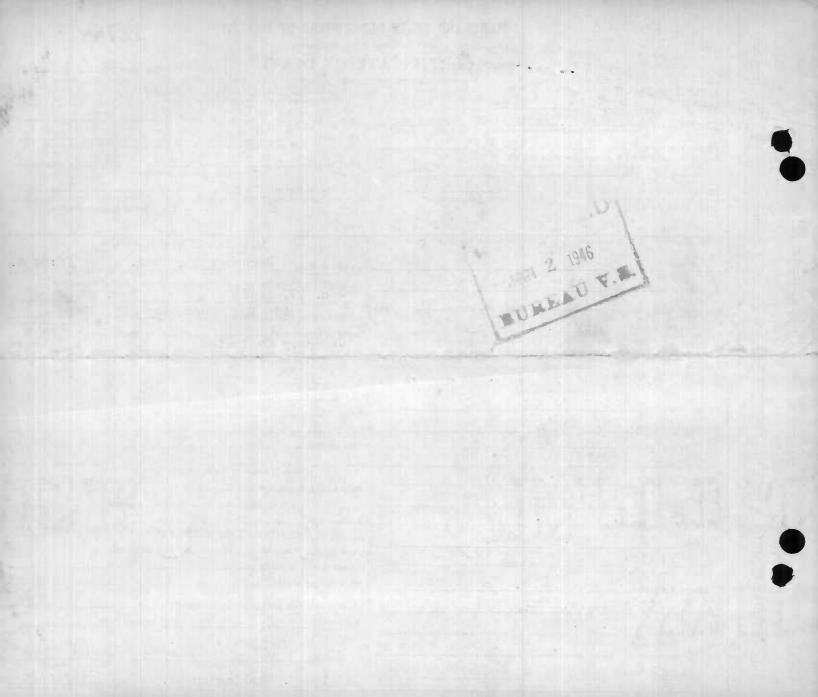
· · · · · · · · · · · · · · · · · · ·	Reg. Dist. No.
1. PLACE OF DEATH:  County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  20 years	State Haryland County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  542 North Mulberry Street	Street No. 542 North Mulberry Street (If rurnl, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME  John Ross Markley	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH. December 28, 1945. 19
6.(b) Name of husband or wife. Albina Markley	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from Dec. 27, 1945
7. Birlh date of deceased (mo., day, yr.) July 3, 1890	and that I last saw h ind alive on December 27, 1945 19
8. AGE: Years   Months   Days   If less than one day   55   5   25  hrsmin.	Coronary Occlusion 9 hours
9. Birthplace Croos Road, Balto, Co. Md.  (Town, county, and state)  10. Usual occupation Wholesale Produce:	Oue to
John Markley  12. Name Baltimore Co. Md	Other conditions
E 14. Malden name. Lear C. Dixon	Major fiadiogs of operations
Lear C. Dixon  14. Malden name Baltimore Co. Md  15. Birthplace Baltimore Mrs. John R. Markley	Major hadiogs of operations.  Date of op.
16. Informani Mrs. John R. Markley	Aotopsy results
Address Hagerstown, Maryland  17. Burial (Burial, cremation, or removal. Which?)  Date thereof (month) (duy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or cremalory Mapleville, Cemetery	Where did injury occur?
Location Mapleville, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Means of Injury Injured at work?
Address Hagerstown, Maryland	23 SIGNATURE BY Silving my -
19. Dec. 30, 1945 Chastions Registrar	23. SIGNATURE M. D. or other  Address 148 W. Washington St., Date signed 12/28/45

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

A15

MARGIN RESERVED FOR BINDING



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly

The corr

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2006)

# CERTIFICATE OF DEATH

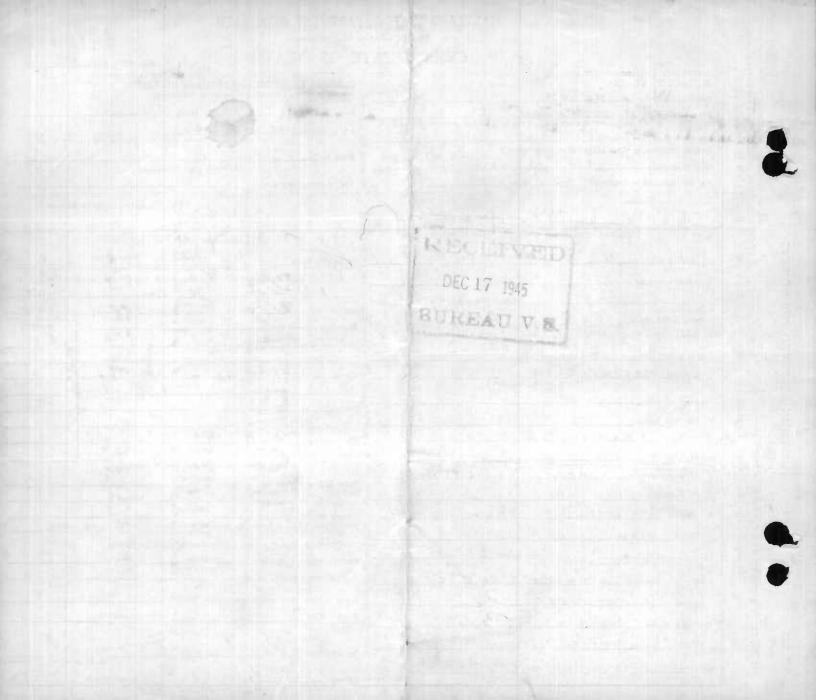
.Date signed...

1. PLACE OF D		,		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
			***************************************			
City or town				To so we town		
Now long in above place	ce of death?	2 mo.		City or town	its, writs RURAL and give nearest town)	
Hospital, Institution,	or street address where t	leath occurred	l:	Street No. Clair Street	et.	
Clai	r Street				vo LOCATION)	
How long in hospital	or Institution?			2.(a) It veteran, name war		
3. (a) FULL NAM			C.			
	Rob	ert L	. Mc Ginzge M	aningo	None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
male	white		single	20 DATE DE DEATH Dec. 5,	1945 19at	
				21. I CERTIFY that death occurred on the date		
6.(b) Name of husban	nd or wife		***************************************		9	
7. Birth date of			c) tf alive, give ageyea	and that I last saw h		
deceased (mo., day	(yr.) Sep	t. 26	, 1945	Immediate cause of death		
8. AGE: Yea		Days	If less than one day	Immediate canta of death	- /	
	2	9	hrsmlr		(h 8 %)	
Ha	gerstown.	Wash	ington. Md.	Due to.		
			ington, Md.	Due to	***************************************	
1B. Usual occupation	Infan	t	***************************************	Box 4-		
11. Industry or busine				Due to		
100	Charles M	Cin	700 Maniner	Dther conditions		
12. Name.	Virgin					
				(Include prognancy within	3 months of death)	
14. Maiden nam 15. Birthplace	e DOLE I		¥	Major findings of operations		
≥ 15. Birthplace	Virgin	ia		_	Date of op	
16. Informant	Charles M	e Gin	ago Manings	Autopsy results		
				PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
				22. VIOLENCE: If death was due to external	causes, tilt in the following;	
17. Burial Date thereof Dec. 7, 1941 (Burial, cremation, or removal. Which?)  (Burial Date thereof Dec. 7, 1941)				Accident, suicide, or homicide	Date of	
Cemetery or crematory Mt. Olive Cemetery					(County) (State)	
			nd.			
	Snyder	7		Means of Injury	Injured at work?	
				" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MURISIAN I	
Address 112.11	cock, Mar	yrand	2 110 1	23. SIGNATURE	ally Juliu	
19 DEC _	6 1945	16h	east 120 were	1660 15 15	M. Deorgither	
(Date rec'd hy	rogistrar)	4	Registra	Address Address	Date signed	

DEC 8 1945
BULLEAU V.S.

CERTIFICA	TE OF DEATH Reg. Dist. No	02-
1. PLACE OF DEATH:  Coucty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	rest town)
3.(a) FULL NAME Charles L. MGA Fee	3. (b) Social Security 1	Number
4. Sex 5. Color or race 6.(a) Single, rarried, widowed, or divorced  Male White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH 12 DE 19.95	11100
B,(b) Name of husband or wife	21. I CERTIFY that dealh occurred on the date above stated; that t attended decea	sed from
8. AGE: Years Months Days' If less than one day  \$ 5 9 19	Immediate cause of death	
9. Birthplace. Mexcers borq (Town, county, and state)  10. Usual occupation. M. A. N. C.  11. Industry or business	Due to PROSTATIC HUPERTOPHS. WITH ASSOCIATED RENAL MALFUNG	?** N
12. Name Thomas MAfee  13. Birthplace Pa.  14. Maiden name Elizabeth Reed MAFEE  15. Birthplace Pa	Diher conditions SENILITY  (Include pregnancy within 8 months of death)  Major findings of operations.  Date of on.	
18. Informant MTS. Ella Mae Hock Man.  Address Hancack Md.	Autopsy results PHYStCtAN: Please underline the cause to which death should be charged s	
17	22. VtOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
18. Funeral director Charles R. Bast  Address Hancock Md.  19. Dec. 14, 1840 Ghast Boccost  (Date rec'd by registrar)  Registrar	Means of Injury  Injured at work?  23. SIGNATURE  M. D. OI  Address OO PROFESSION ME APIS. Date signed.	), J

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## MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 6/) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington State Pennyslvania county Franklin ural Hagerstown Route 40 Chambersburg (If outside city or town limits, write RURAL and give nearest town) Hospital institution, or street address where death occurred: Gateway Nursing Home (If rural, give LOCATION) How long in hospital or institution?..... 3. (b) Social Security Number Carrie E. McAran 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Whi te Widow 20, DATE OF DEATH Dec. 13. 1945 13:00 1P. 21. I CERTIEN that death occurred on the date above stated; that I attended deceased from Patrick McAran 6.(b) Name of husband or wife ..... Born March 3, 1882 Days If less than one day 11 9. Birthplace... Fort Loudon, Pennsylvania (Town, county, and state) Home Duties H 12. Name John Rogrut (Include pregnancy within 8 months of death) Elizabeth Irisman Majer findings of operations..... ---- Pa. Mr. Layman PHYSICIAN: Please underline the cause to which death should be charged statistically. Gateway Nursing Home 22. VtOLENCE: If death was due to external causes, fill in the following: 17. Burial (Burial, cremation, or removal, Wbich?) Cemetery or crematory Corpus Christi Where dld injury occur? ...... (City or town) (Connty) Chambersburg, Pa. Injured at home, farm, Industry, public place (where?) ..... Fred. W. Kraiss Means of injury Hagerstown. Md.

23. SIGNATURE

Registrar

PI WRITE S

1. PLACE OF DEATH:

3. (a) FULL NAME

Female

deceased (mo., day, yr.)

1D. Usual occupation.....

11. Industry or business

15. Birthplace

Address

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8. AGE:

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2411 N. Charles St., Baltimore

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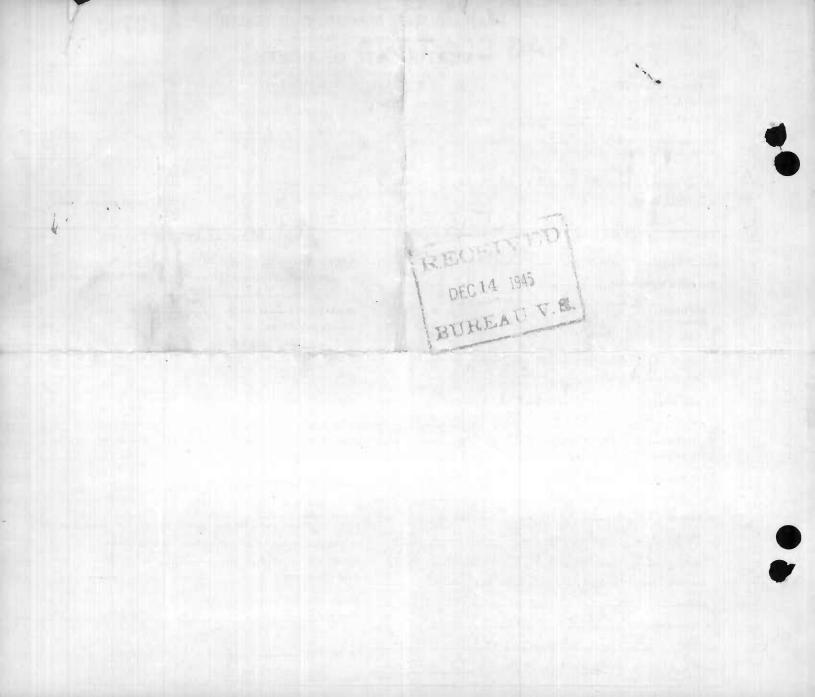
				6.0	
FRT	IFIC	ATE	OF	DEATH	

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Chashuston	(For newborn Infanta give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland county Uras hungton
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death acturred:	Street No. Maria St.
Main St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Oths augustus	McCoy. 213.16.0123
4. Sex 5. Color or race 6.(4) Single, married, proposed, or divorced	MEDICAL CERTIFICATION
male White Divorced	20. DATE DE DEATH. 12/8/45- 19 21 7/63 M
6.6) Name of husband or wife Mary Elizabeth Mc Cory	21. I CERTIFY that death occurred on the date above stated; that I attempted severaged from
B.(c) If alive, give ageyears	10/4/45 19
7. Birth date of	and that I last saw hallealive on
accessed (mo., as); 1117	Immediate case of death DURATION
o. Ada.	Corougy Celusion / Clay
48    hrsmin.	1
9. Birthpiace Sharpshug Wash, Co. md.	Due to.
(Town, county, and state)	THE TAX AND THE TA
10. Usual occupation	
	Due to
E 12, Name Olomon mc Coy  I 13. Birthplace Sharbsburg Wash, C. mg.	Other conditions
13. Birthplace Sharp drug Wash, C. Mg.	(Include pregnancy within 3 months of death)
# 14 Maiden name Orlena Marshall	(Include pregnancy within 3 months of death)
E 11 Marie M	Major findings of operations
\$ 15. Birthplace Sharpaling Wash. Co. md.	Date of op.
16. Informant Mrs. Mary Hammond.	Antonsy results.
11 1 11 1 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial eremation, or removal, Whichi)  Date thereof Determine (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Samples mans Cerestay	Where did injury occur?
Location Samples manon md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. 40m. 3. Bast 9 Sous	Means of Injury Injured at work?
Address Boonstoro md	23. SIGNATURE A FEBRUARY
19 Lect 10 1945 Registrar (Date rec'd by registrar)  (Date rec'd by registrar)	Address in ausbort 1 Date signed 2 945
liegistra!	nuurss

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carcfully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

Dr. Houng



2411 N. Charles St., Baltimore 1570

## CERTIFICATE OF DEATH

	Keg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Thashmaton	State Mary Land county Crashington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where destin occurred.	Street No. Caldinal That (Ifraral, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
David for mote	none.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE DE DEATHO 200 / 19.45 - 21 / P.
6.(b) Name of husband or wife.	21. I CERTIFY that death pacurred on the date above stated; that tailended deceased from
B,(c) If alive, give age years	Jarla 19 1945
7. Birth date of	and that I last saw holomalive on 19.5.
deceased (mo., day, yr.) (Spril - 9 - 1945)  8. AGE: Years   Months   Days   If less than one day	Immediato cause of death OURATION
S. ASL.	( grygras as see see see
and Charles throng Charles Co. md.	Quality and amount of
9. 8 rthplace (Town, eounty, and state)	Due to. S. L. C.
10. Usual occupation	
11. Industry or business at Home.	0.00
12. Name Charles S. M. S.	Other conditions left hat ale, Ingrena &
13. Birthplaco Chestrut Grove. Wash to. md.	until car formino, Oyriph (10 uh)
# 14. Malden pame Catherine Springer	(include pregnancy within 8 months of death)
14. Malden name Catherine Sp. ringer	Major findings ol operations.
	Date of op.
18. Informant Charles 5 To Sta	Antopsy results
Address Verdezeille md. K.I	22. VIOLENCE: If death was due to external causes, fill in the following;
Bate thereof Little (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Samples Maner Cerutay	Where dld injury occur?
Location Samples manor md.	Injured at home, farm, industry, public place (where?)
18. Funeral director LDW 3. Bast 9 Sons	Means of Injury Injured at work?
Address By malino md.	Jola De H. Chealy h. J.
May 12 May Fit . Quel	23. SIGNATURE A.D. or other
(Date rac'd by registrar)  (Date rac'd by registrar)	Address Thansabury My Bate signed /2//2/4

MARGIN RESERVED FOR BINDING

Dr. Sheal

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Dr. he Vain

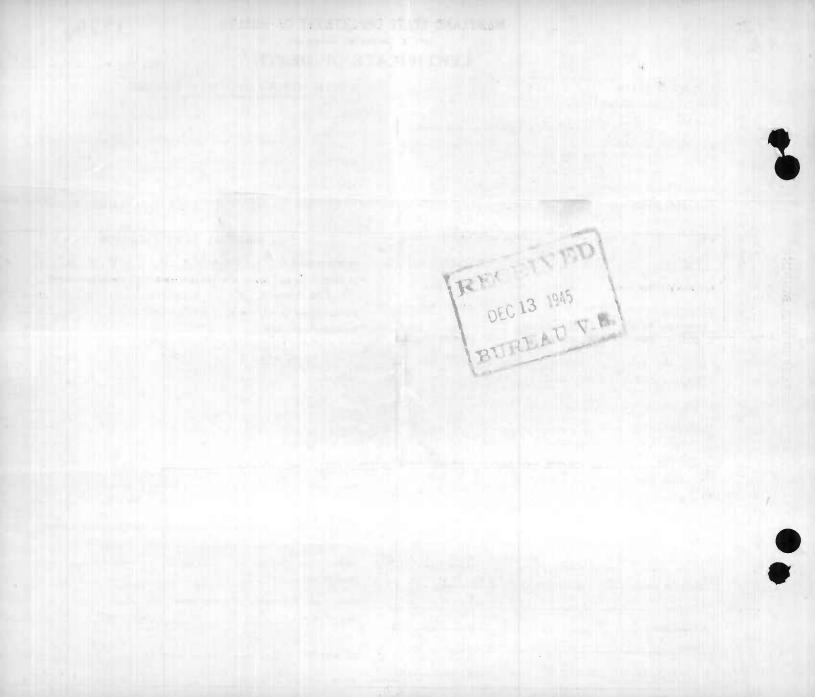
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## 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County U ashington	(For newborn infants give residence of mother)	
City or town	State Maryland County Washington	
(If outside city or town limits, write RURAL and give nearest town)	City or town Locust Grove, "Rural!	
low long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
lospital, Institution, or street address where death occurred:	Street No.   Keedysinle Md. R.	
Laku Clue:	(It jural, give LOCATION)	
low long In hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Daniel Daines	Miller nous.	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
m. 1. 1.0+ m	Near he & 11- 94	
Male White Married	2D. DATE OF DEATH Accember 5 19 45 at 9 A	
6,(b) Name of husband or wife ada millus	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Telembe 8 1945 10 Akender 8 1945	
7 Right date of	and that I last saw harm alive on seember & 19.44	
deceased (mo., day, yr.) Overeller -1 - 1870	Immediate cause of death	
B. AGE: Years Months Days tf less than one day		
75 1 7hrsmir		
9. Birthplace Near Rohersville Wash, Co-md.	Due to.	
(Town, county, and state)	- Ut tu-	
10. Usual occupation Retried 2 armer.		
11. Industry or business	Due to	
	-	
12. Name Joshua Miller	Other conditions	
= 13. Birthplace near Leedyswille Wash, Co. Md.	(Include pregnancy within 3 months of death)	
14. Maiden name amourda 6. Shifler		
	Majur findings of uperations	
\$ 15. Birthplace near (Roheraulle Wash, Co. md.	Date of op.	
16. Informant Daniel Miller	Autopsy results.	
Address Road Parille Md. R.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burlal, cremation, or removal, Which?)  Oate thereof b (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Boonstrao Cenatary	Where did injury occur?	
Commercial of Commercial Commerci		
Location Paralla VMd.	Injured at home, farm, industry, public place (where?)	
16. Funeral director Thm J. Bast 45 ons	Meens of injury injured at work?	
V) 1 . 1	911/ 1/1/ 201	
Address Boonstone Md.	23. SIGNATURE N.W. KWay M.	
1 Dec. 10. 1945 John V. Das	M. D. or other	
(Date rec'd by registrar) Registra	Address ADDISUTED Date signed 78/41	



2411 N. Charles St., Baltimore /22-2

## CERTIFICATE OF DEATH

14/90.

1. PLACE OF DEATH:  county Washington			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or town					City or town Hancock (If outside city or town limits)  Street No. (If rural, given the city of town limits)
3. (a) FULL NAME			2.(6) II reteran, name war	3. (b) Social Security Number	
Peggy Joann Peck			None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	MEDICAL CERTIFICATION	
Female	White	Single	20. DATE OF DEATH Dec. 2,	1945 19 at 9 P	
	•••••			43 10 Wee 1 18 43	
8. AGE: Years	Months 3	16 It less than one day	ye bessure		
9. Birthplace	Hanccck	Wash. Co., Md.	Due to		
10. Usual occupation		nt	Due to		
E 12. Name Frederick Peck 13. Birthplace Warfordsburg, Pa.			•		
		ret Fling	(Include pregnancy within 8		
14. Malden name Margaret Fling 15. 8irthplace Hancock, Md.			Date of op.		

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important.

PLAINLY, V is especially

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ormation carefully. The death clearly and legibly

3

Address Ha

Address

18. Funeral director.

Hancock, Md.

Hancock, Md.

Frederick Peck,

Date thereof .....

River View Cemetery

Snyder-Rowland Funeral Home

Hancock, Md.

17. Burial
(Burlal, cremation, or removai. Which?)

Grast Bowers

Dec. 4-45.

23. SIGNATURE

Means of Injury

Where did injury occur? .....

Accident, suicide, or homicide,.....

Injured at work?

PHYSICIAN: Please underline the cause to which death abould be charged statistically.

22. VIOLENCE: If death was due to external causee, till in the tollowing;

Injured et home, farm, Industry, public place (where?) ......

(City or town)

M. D. or other

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RUREAU V.S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

# CERTIFICATE OF DEATH

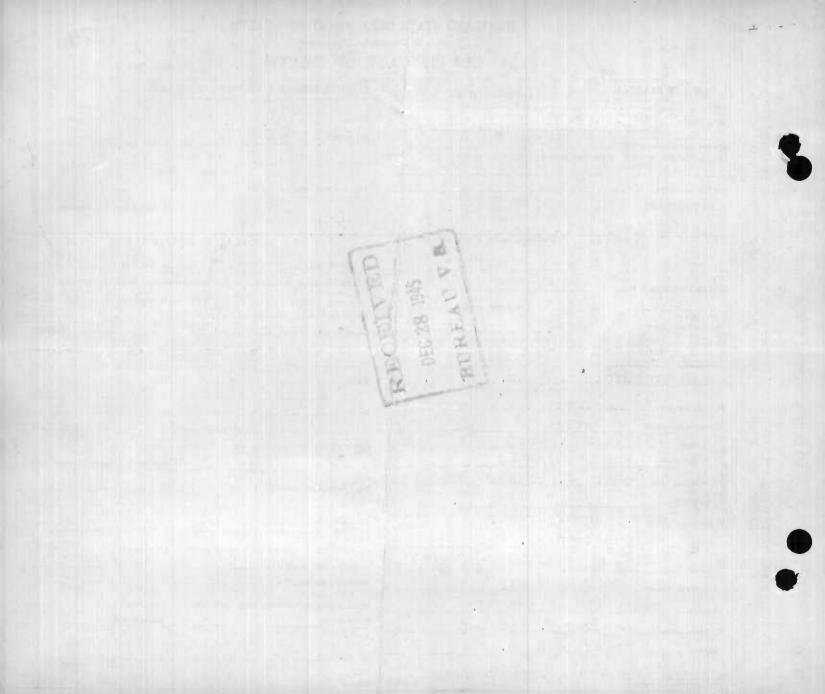
302 Reg. Dist. No.,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county washington	(For newborn infauts give residence of mother)
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 3 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Dual Highway
Dual Highway	(If rural, give LOCATION)
How long in hospital or institution? None	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
David Elmer Reid	None
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. OATE OF DEATH December 26 194519 21 1
S.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
_	oux 1945, 10 pec. 16 19 4-
7. Birth date of	and that I last eaw he mailye on Oct 26
deceased (mo., day, yr.) November 24 1855	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION OURATION
90 1 2hrsmln.	- Didaso,
	+7
9. Birthplace Broadfording Wash. Co. Md. (Town, county, and state)	. Due 10
10. Usual occupation. Farmer	
	Due to
11. industry or business Retired  Sign ware William P. Reid	-
T 12. name	Dther conditions
13. Birthplace Broadferding Nd	(Include pregnancy within 3 months of death)
H 14. Malden name Mary E. Schamel	
	Major findings of operations.
	Date of op.
16. Informant Mrs. Renner Brewer	Autopsy results.
Address Hagerstown Md. # 1	PHYStCIAN: Please underline the cause to which death should be charged statistically.
1 1	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
Burial Date thereof 12/28/45  (Burial, eremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Manor Cemetery	Where did injury occur?
Location near Tilghmanton Md.	injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of injury injured at work?
Hamanataum Md	1: 10 70
Address ITE ET BOWII M. C.	23, SIONATURE Delicy Novembers, n. L
19. Dec. 46. 1945 Plass Towers  (Date rec'd by registrar)  Registrar	7. 6 tour 2. 26-4
(Date ree d by registrar)	Address Date signed L

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

M. D. or other

gers/own.

	TE OF DEATH  Reg. Diat. No. 30
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infante give residence of mother)  Maryland  State  County  Washington  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3.(a) FULL NAME Francis E. Renner	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 4*15  20. DATE OF DEATH. Dec 23
5.(b) Name of husband or wife  5.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years (Months)  9. Birthplace As a Company and ptate)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Maiden name.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 30., to 22. 19. 4.  19. 4.  Immediate cause of death  DURATION  Due to.  Due to.  Due to.  Due to.  Other conditions  (Include pregnancy within 8 months of death)
18. Informant Mrs. W.H.Roane	Majer findings of operations
Address Hagerstown  17. Burial Date thereof Dec 27.1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown	Where did injury occur?
18. Funeral director Fred W. Kraiss.  Address Hagerstown	Means of Injury Injured at work?

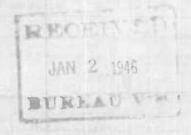
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19. Dec 18 (Date rec'd by registrar)

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 120-0

# CERTIFICATE OF DEATH

1	9	7	0	8
A.			J	O

				74	-
4	Reg.	Dist.	No.	30	N

county Wasshington Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Hagerstown. (R outside city or town limits, write RURAL and give nearest town)	state Penna. County Tranklin	
How long in above place of death?		
Hospital, Institution, or street address where death occurred:	D D 3	
Washington Co. Hospital	(If rural, give LOCATION)	
How tong in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Dorothy Marie Rice  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Daniel White Monday		
Female White Married	20. DATE OF DEATH RECEIVED 1945 at 4 4 . M	
8.(b) Name of husband or wife Melvin Rice	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	Quelot 14 19 45 to blee 1 19 45	
7. Birth date of	and that I last saw h. A. alive on	
deceased (mo., day, yr.)  October 14, 1924  8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death	
o. Adl.	Cleitis (termial elemi -	
21   1   18  hrsmin	listule lon-tim) 2 mos	
9. Birthplace	Due to.	
The state of the s		
1D. Usual occupation Housewife	Due to	
11. Industry or business		
12 Name Merle E. Spangler	Other conditions	
13. Birthplace Chambersburg, R.R. 5	STILL VOIGHTON	
Buth A Vitne	(Include pregnancy within 8 months of death)	
14. Maiden name Ruth A. Kline	Major findings of operations Regions les wit	
≥ 15. Birthpiace Maugansville, Md.	Ristular Constrain Bate of op 1/20/45	
14. Maiden name Ruth A. Kline 15. Stribptace Maugansville, Md.  18. Informant Rullium Cice	Aniopay respits.	
H. Al DO	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE; If death was due to external causes, fill in the following;	
17. Burial Date thereof 12/4/1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or semantor Shank's Church		
	Where did injury occur?	
Location / Greencastle, R.R. 3	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Halter Il Grant	Means of Injury Injured at work?	
Address 77 S. Church St. Vay neelmo, Pa.		
DA 160	23. SIGNATURE TO THE CONTROL OF THE	
18. Dec 3 19 45 Glassff Bowers, (Date rec'd by registrar)  Registra	Address to ce to Ull. Bate stened 13/3/45.	

DEC 6 1945 BUREAU V B.

FOR BINDING

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2411 N. Charles St., Baltimore 92-6)

# CERTIFICATE OF DEATH

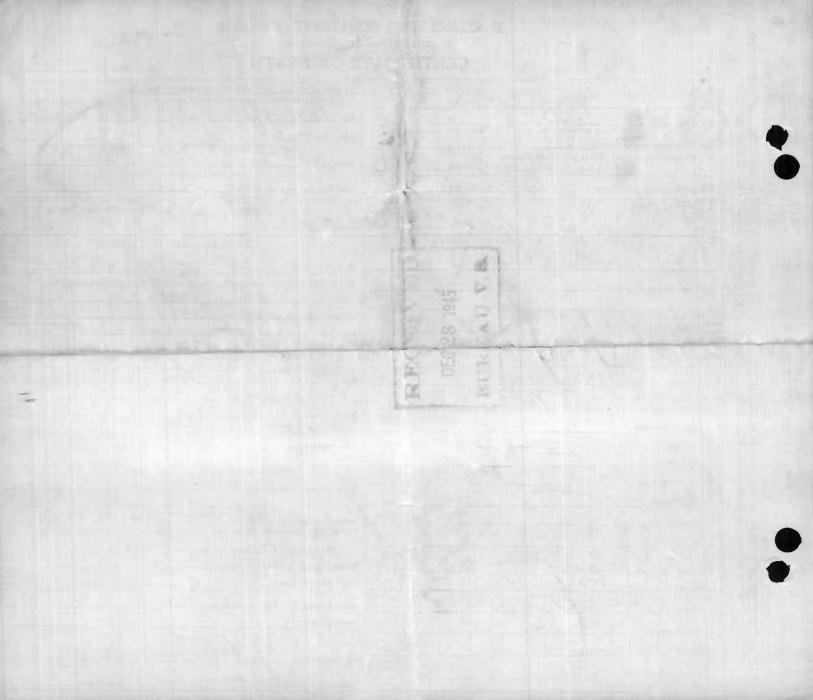
Reg. Diat. No.

1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washing Cont		***************************************	State Md. County Wash.	
City or town [1f outside city or town limits, write RURAL and give nearest town]		URAL and give nearest town)	TITAL DESIGNATION OF THE PROPERTY OF THE PROPE	
How long in above place	of death?	7 ye	ars	City or lown Hagers town (If outside city or town limite, write RURAL and give nearest town)
Kospital, Institution, or	street address where 32 Kran	death occurred	1:	Street No. 32 Kramers Alley
			TTEX	(If rural, give LOCATION)
How long in hospital or				2.(a) If veteran, name war
3. (a) FULL NAMI		le Lee	Rider	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION
female	white		widowed	20. DATE OF DEATH December 19, 1945 at 9:25A
6.(b) Name of husband	or wifeGe	orge	Rider	21. I CERTITY that death occurred on the date above stated; that I atleded deceased from
			c) If alive, give ageyears	19 / 10 / 19 / 10
7. Birth date of deceased (mo., day, y			, 1883	and that I last saw in
8. AGE: Years		Days	If less than one day	Immediate gauge of death
62	2 4	4	hrsmin.	THE TOTAL PROPERTY OF THE PROP
Ная	rerstown	Wash		
9. Sirthplace Has	(Town,	county, and s	state)	Due to
1D. Usual occupation	Ho	usewi	fe	Busta
11. Industry or business	s			
12. Name M 8	anuel Bow	ard		Other conditions (SD) (1) (1) (1)
Hagerstown, Md.			ld.	13101.000
# 14. Maiden name Ella May Springer			nger	(Include pregnancy within 3 months of death)
Phononoxillo Ma			Ma	Major findings of operations
14. Maiden name Ella May Springer 15. Birthplace Rhorersville, Md.  16. Informant Mrs. Gertrude C. Orcutt			Omontt	Date of op.
			Oreact	Autopsy results
Address Hagerstown, Md.				and the fallowing of th
Burial Burial Dec. 21, 1945 (Burial cremation, or removal, Which?)		Dec. 21, 1945	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery			Where did injury occur?	
Location Hagerstown, Md.			Injured at home, farm, industry, public place (where?)	
18. Funeral director Scott F. Minnich & Son				Means of Injury Injures 37 work?
Address Hagerstown, Md.			XM(O)(DOOL BARIL	
~		loh	eart Bouveral	23. SIGNATURE M. D.
(Date rec'd by re	1 . 19 4 5 gistrar)		Registrar	Address Date signed Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly PLEASE

DEC 26 1945
BUREAU V B

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 46 a CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: How long in above place of death? Hospital, Institution, or street address where death occurred; (If rurai, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERUTY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife deceased (mo., day, yr.) 8. AGE: 10. Usual occupation (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Major findings of operations. 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address-22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? ...... Injured af home, farm, Industry, public place (where?) ..... Maens of Injury 23. SIGNATURE (Date rec'd by registrar)



2411 N. Charles St., Baltimore

301

#### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn iofants give residence of mother) 1. PLACE OF DEATH: County Washington County State Maryland County Washington City or town Williamsport. (If outside city or town limits, write RURAL and give nearest town) street No. Fredrick St. Williamsport, Md. (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Samuel Scott Robinson None 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION Male shite Widowed D-0.17 2D, DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from S.(b) Name of husband or wife ... Sara Catherine Robinson deceased 7. Birth date of deceased (mo., day, yr.) Oct. 14 1858 8. AGE: 87 9. Birthplace Fourt Louden Pa (Towo, county, and state) 10. Usual occupation Western Maryland Rail Road Forman Section 12. Name David bense Ta. (Include pregnancy within 8 months of death) 14. Maiden nam 15. Birthplace Major findings of operations..... ts informant Stella Grove PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Williamsport. Md. 22. VIOLENCE: If death was due to external causes, fill in the following; Burial (Buriai, cremation, or removal. Which?) Date thereof...Dec. 20 1945 Accident, suicide, or homicide..... Where did injury occur? ...... Cemetery or crematory .. Riverview .. Cemetery .... Williams port, Md. Injured at home, farm, Industry, public place (where?) ..... Means of injury 18. Funeral director Edith V Leaf #7 hurch St. Williamsport Md. M. D. or other

information carefully. The correct of death clearly and legibly.

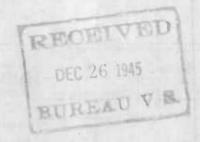
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important.

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Dr. Kneisley

M. D. or other

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 93-0

## CERTIFICATE OF DEATH

	Reg. Diac. No
1. PLACE OF DEATH: Gounty washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give reaidence of mother)
City or town Chewsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington Chewsville
How long to above place of death? OU LEALS	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:   Chewsville - Whitehall Rd.	Street No. Chewsville-Whitehall Rd.
How long in hospital or institution? None	(If rural, give LOCATION)  2.(a) If yeteran, name war
3. (a) FULL NAME	
,	3.(b) Social Security Number
Mrs. Bertie /Lenore Ruch 4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female   White   Married	20. DATE OF DEATH. December 7 1945 19 2 A
6.(b) Name of husband or wife. William H.	21. I CERTIFY that death occurred on the date above stated: that I strended deceased from Nevember 25, 1945 to December 619 45
7. Birth date of December 35 3076	and that I last saw h er alive on Dec. 6, 1945
deceased (mo., day, yr.) December 25 1876  8. AGE: Years   Monthe   Days   It less than one day	Immediate cause uf death
o, Ada.	Chronic myodarditis with
	congestive failure 13 month
9. Birthplace Chewsville Wash. Co. Md. (Town, county, and state)	Dus to
10. Usual occupation Housewife	Que to
11. Industry or business Own Home	
12. Name Jacob Echstine 13. Birtholace Chewsville Md	Dither conditions
	(Include pregnancy within 8 months of death)
14. Malden name. Maria Lechrone 15. Birthplace Waynesboro Pa.	(Include pregnancy within 8 months or death)  Major fiadings of operations
\$ 15. Birthplace Waynesboro Pa.	Date of op.
16. Informant William H. Ruch	Autopsy results
Address Smithsburg MD R #2	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Burial (Burlal, cremation, or removal, Which?)  Baie thereof. 12/9/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Mausoleum	Whers did injury occur?
Location Smithsburg Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	18Bellevela alux
	AN PIGHTTURE

Registrar

Address148 W. WashingtonSt.

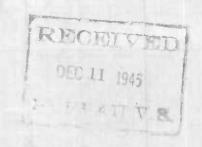
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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

# CERTIFICATE OF DEATH

12811330 Z Reg. Diat. No. 30 Z

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)  State Maryland County Washington
City or town Hagerstown Haryland (If outside city or town limits, write RURAL and give nearest town)	Herergrown
How long in above place of death? 35 years	City or town (If outside city or town limits, write RURAL sod give nearest town) 70 West Franklin Street
Hospital Institution or street address where death occurred:	Street No. West Franklin Street
Washington County Hospital	(If roral, give LOCATION)
How long in hospital or institution? 2 days	2.(g) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Russell	220-01-5283
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE DE DEATH 1844 at X80 M
B.(b) Name of husband or wife Effic Russell	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
60	De 2 19 4 h, to 10 Colo 1944
7. Birth date of No. 17.00 2000	and that I last saw h.M. alive on 19 1. J.
deceased (mo., day, yr.)  RAGE: Years   Months   Days   If less than one day	Immediate cause of death
o. Add.	A DIACTORAL HARLIN
About 58	100000
9. Birthplace Shippensburg, Pa. (Town, county, and state)	Due to
1D. Usual occupation	
11. Industry or business Fairchild Corp.	Oue to
	Other conditions
12. Name Not Known	
MOTT	(Include pregnancy within 3 months of death)
14. Malden name May	Major findings of operations
2 15. Birthplace NOT Known	Date of op.
14. Malden name May  15. Birthplace Not Known  18. Informant Mrs. Lillian Artz	Autopsy results
Address Stroudsburg, Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Rurial 12-11-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Hagerstown, Maryland	injured at home, farm, Industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Meens of Injury injured at work?
	MUMM ALL TRADITA
Address Hagerstown, Maryland	23. SIGNATURE
19. Dec, 10, 1945 Chast Bows,	M. D. og other
19. (Date rec'd by registrar) Registrar	Address Date signed Att 60 Th

DEC 12 1945 BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (1915) CERTIFICATE OF DEATH 1. PLACE OF DEATH: Washington 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) Maryland Washington Hagerstown (If outside city or towa limits, write RURAL and give searest towa) How long in above place of death?.... Street No. 318 North Mulberry St. Hospital Institution, or street address where death occurred: Washington County Hospital (If rural, give LOCATION) 11 days How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number William E. Schwinger None 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex MEDICAL CERTIFICATION White Widower FOR BINDING Male 20. DATE OF DEATH ALCOHOM 19 at M Bessie Schwinger 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 - 1940 to Dec 16- 1941 and that I last saw because on the 16-45 19 7. Sirih date of October 8. 1877 deceased (mo., day, yr.) Immediate cause af death ..... If less than one day 8. AGE: 68 Hagerstown, Wash. Co. Md. (Town, county, and state) Retired Glove Cutter John Schwi. 12. Name... John Schwi. Not Known John Schwinger WITH UNF (Include pregnancy within 3 months of death) # 14. Malden name Maria Smith Major findings of operations..... Germany 15. Birthplace 16. Informant Blanche Schwinger PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof 12-20-45 17. Burial (Burlal, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cemetery Where did injury occur? WRITE (City or town) Location Hagerstown, Maryland Injured at home, farm, Industry, public place (where?) ... Means of Injury Fell in ice. 18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland 23. SIGNATURE M. D. or other

DEC 20 1945 BUREAU V.B. 2411 N. Charles St., Baltimore /70-0

128115 30 2

Date signed 12/4

# CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?	State Pennsylvania County Fulton  City or town Amaranth (If outside city or town limits, write RURAL end give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME John Adam Shank	3. (b) Social Security Number
Male   5. Color or race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Dec. 3. 1945 19 19 19 19 19 19 19 19 19 19 19 19 19
B.(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: 32 Months Days If less than one day 12 12hrsmin.	Immediate cause of death
9. Birthplace Fulton County, Pa.  (Town, county, and state)  10. Usual occupation School Bus Driver and  11. Industry or business Farmer	Due to Of 4 & 5th cervical Uertebra
E 12. Name George A. Shank Fulton County, Pa.	Diher conditions
Blanch Wallice  14. Malden name Blanch Wallice  15. Birthplace Clearfield, Pa.	Major fiadings of operations
16. Informant Mrs. Dorothy Shank Address Amaranth, Pa.  17. Burial Date thereof Dec. 6, 194! (Burial, cremation, or removal, Which?) Cemetery or cremalory Methodist Cemetery Location Amaranth, Pa.	Autopsy results
18. Funeral director Snyder-Rowland Funeral Home  Address Hancock, Md.  19. DEC. 5 19.45 Plass Bowers  (Date rec'd by registrar)  Registrar	Means of Injury Injured & Work? FINICAL EXAM.  23. SIGNATURES Wash. CO. MD.  M. D. o. M. D. o

Registrar Address.

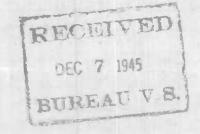
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly VS A15

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The correct age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLAINLY, WITH UNF. is especially important.

PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore /3/2/

## CERTIFICATE OF DEATH

Reg. Dist. No.	362
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
county Washington	Many and Washington
City or 10wn Hagers town (if outside city or town limits, write RURAL and give nearest town)	TO B ASSESSMENT LINE
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Washington County Hospital	Street No. 425 Guilford Ave
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Oliver McCluster Smith  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	All desired and the second and the s
Male   White   Married	20. DATE DF DEATH December 12 1945 19 21 8.30
B.(6) Name of husband or wife	21. LCERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of years	27, 19, 45, 10, 12, 12, 19, 45, 10 12, 12, 19, 45, 10 19, 45, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
7. Birth date of deceased (mo., day, yr.) April 11 1881	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATION
64 8 1min.	
9. Birthplace Myersville Fred, Co. Md. (Town, county, and state)	Due to.
1D. Usual occupation Clerk	
11. Industry or business Park Circle Tavern	Due to
Hiram T. Smith	Diver conditions An Australia Cardia
13. Birthplace Middle town Md.	
# 14. Malden name Laura A. Dutrow	(Ucinde pregnancy within 3 months of death)  Major fiadings of operations.
15. Birthplace Myersville Md.	major hadings of operations.
16. Informant Mrs. Anna Smith	Antony results to autopsy
Address Hagers town Md	PHYSICIAN: Please underline the cause to which heath should be charged statistically.
17. Burial Date thereof 12/14/45 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or cremalory United Brethern Cemetery	Where did injury occur?
Location Myersville Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K: Coffman	Means of injury Injured at work?
Address Hagerstown Md.	Ka Beed
19 DEC 14 19 45 phast Bowers,	23. SIGNATURE M. D ther
(Date rec'd by registrar) Registrar	Address Hagerstown Ms Date signed 12/14/44

BUREAU V.S.

WITH UNFADING INK. Supply every item of information carefully. The cimportant, Physicians: please write the causes of death clearly and legibly,

PLEASE WRITE PLAINLY, Is especially

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46.2)

# CERTIFICATE OF DEATH

128:7

Registrar Address Addr

Reg. Dist. No...

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mether)	
	State Maryland County Washington	
City or town	Un mark asses	
How fong in above place of death?		
Hospital, Institution, or street address where death occurred: 57 Wsetside Ave	Street No. 57 Westside Ave.	
	(If rural, give LOCATION)	
How fong in hospital or institution?	2.(a) If veteran, name war	
Ruth Estey Smith	3. (b) Social Security Number None	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE DF DEATH Dec. 25, 1945 19 9:30 P. MM	
6.(ô) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I atjunded deceased from	
6.(0) Name of nusurand of wife	Lile 2 4 19 40 10 dec 25 19 40	
7. Birth date of Narch 18, 1893	and that I fast saw h-LA alive on Alle 2.1 - 19.41	
deceased (mo., day, yr.)	Immediate cause of death OURATION	
8. AGE: Years Months Days If less than one day 9 7	Cer enlaloy farling	
52 3hrsmin.		
9. Birthplace Smithburg, Washington, Md. (Town, county, and state)	Oue to War emoundaris	
10. Usual occupation. House Wife	Due to Gastrie Carell-	
	Due to.	
11. Industry or business		
We were and	Dther conditions	
	(Include pregnancy within 3 months of death)	
E 14. Malden name Charlett Stoner	Major findings of operations.	
Charlett Stoner  14. Malden name Penna.	Qate of op.	
16. Interment Harry V. Smith Jr.	Autopsy results.	
Olo Cimmid Ame II	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial (Brial, cremation, or removal, Which?)  Date thereof Dec 29 1445  (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Hagerstown Md.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director F. W. Kraiss	Means of Injury injured at work?	
Address Hagerstown , Md.	23 SIGNATURE SIMILATIVE MIN -	
DE 1-28 UF BurstBacere	M. D. or other	
19. DEC - 28 19 45 PRINTI JOCK Registrar Registrar	Address / Addres	



2411 N. Charles St., Baltimore 934

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#### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Washington Williamsport Maryland
How long in above place of death?	City or town Williamsport, Maryland (If outside city or town limits, write RUKAL and give nearest town)  Street No. 109 W. Potomac St. (If rural, give LOCATION)
109 W Potomac St Williamsport, Md.	(If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Clarence Alfred Snyder	215-01-9966
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	2D. DATE DE DEATH December 25 1945 at 5 9
6.(b) Name of husband or wifeSingle	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of	and that I last saw harm alive on Dec 25 45 19
deceased (mo., day, yr.) March 5 1877	Immediate cause of death
8. AGE: Years Months Days If less than one day	
68 9 20hrsmia.	Cardiac dilating / hany.
9. BirthplaceWilliamsportMd.	Due to
10. Usual occupation	Due to Mesocarrollis Chance / efeary
11. Industry or business Byrons Tannery	
12. Name	Dither conditions
	(Include pregnancy within 3 months of death)
Susan Connor Snyder  14. Malden name Clearspring Md.	Major findings of operations
Clearspring Md.	Date of op.
18. Interment Mrs. Elva Grove (sister)	Animasy results
Address 109 W Potomac St. Williamsport	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Dec. 29 1945.  (Burial, cremation, or removat, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
cemetery or crematory Riverview. Cemetery	Where did injury occur?
Location Williamsport, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Edith V Leaf	Means of Injury Injured at work?
Address #7 Church St. Williamsport, Md.	In In
10 de 41 6 Pa. 08	23. SIGNATURE M. D. or other
19. Nec 27 19.70 Miles O Vee 16:00 (Dafo rec'd by registrar)	Address William four Md. Date signed 12/27/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

Dr. Weil's

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Washington		
City or town	state Maryland county Washington	
How long in above place of death? II Years	City or town	t town)
nospital, institution, or street address where death occurred:	Street No. IO3 East Washington St.	
103 Washington St.	(If rural, give LOCATION)	
How tong in hospital or institution?	2.(a) It veteran, name war. None	
3. (a) FULL NAME	3. (b) Social Security Nu	mber
William Chester Spielman	n None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W Married	20. DATE DF DEATH	7:10
8.(b) Name of husband or wife Edna B	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
	, to, to	19
7. Birth date ot deceased (mo. day, vr.)  May 3 I885	and thet I last saw halive on	19
Cooling (more party)	Immediate cause of death	DURAT
8. AGE: Years Months Days if less than one day		
60 7 24hrsmin.	chr. myocarditis	lyr
9. Sirinplace Hagerstown Washington Md. (Town, county, and state)	Due to	
(Town, county, and state)	acute coronary occlusion	5hrs
10. Usual occupation Parcel Post	Due to	************
11. Industry or business U.S. Post Office		
James Spielman  12. Name Hagerstown, Md.	Dther conditions	***********
13. Birthplace Hagerstown, Md.		
	(Include pregnancy within 8 months of death)	
14. Malden name Annie Lushbaugh 15. Birthplace Hagerstown Md.	Major findings of operations 170	
	Date ot op	
16. Informant Mrs Edna B. Spielman	Autopsy results	
Address Hagerstown Md.		ioutany.
Burial Burial Bate thereot 12/30/45 (Burial, cremation, or removal, Which?)	22, VIOLENCE: tf death was due to external causes, till in the following;  Accident, suicide, or homicide	
(Burial, cremation, or removal, Which() (monta) (day) (year)		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	State)
Location Hagerstown Md.	tnjured at home, farm, industry, public place (where?)	
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?	STEELS OF
77.	SID P. X 19000 DEPUTY	E CO
Address Hagerstown Md.	23. SIGNATURE WASI	7, 60,
19. Dec. 30, 1945 Blast Tooler Registrar	Address Hagustowy Ind, Date signed 12	lan c
(Date rcc'd by registrar) Registrar	Address. Date signed	/

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ADING INK. Supply every item of information carefully. The oppositions: please write the causes of death clearly and legibly

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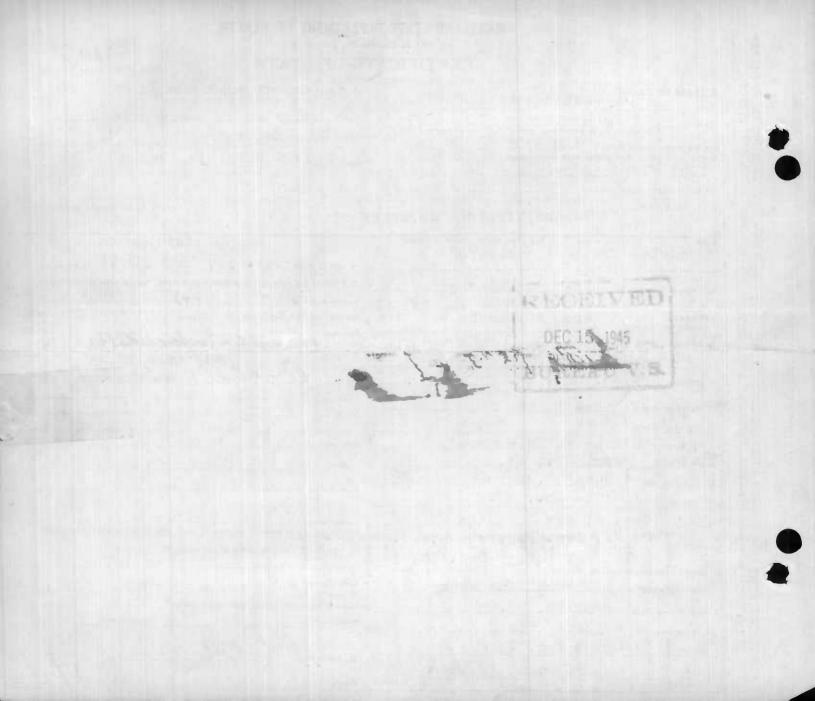
MARGIN RESERVED FOR BINDING

1281302 Reg. Diat. No. 302

Date signed.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 1922 Virginia Avenue (If rural, give LOCATION)  2.(a) If veteran, name war.
How long in hospital or institution?	
3.(a) FULL NAME  Bertha Virginia Sprecher	3. (b) Social Security Number None
4. Sex Female White 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Dec. 11, 1945 3:40 A. ** M.
6.(b) Name of husband or wife Fred O. Sprecher  5.(c) If alive, give age 69 years  7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from  19. 45. to 19. 4.  and that I last raw h 2. alive on 19. 4.
8. AGE: Years 8 16 If less than one day  9. Birthplace	Due to.  Due to.
12. Name George W. Sprecher  13. Birthplace Wash. Co., Md.  14. Malden name Susan B. Norris  15. Birthplace Wash. Co., Md.	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
18. Informant Mrs. Albert Charlton Address 1922 Va. Ave. Hagerstown, Md.  Burial Date thereof Dec. 13, 1945 (Burial, cremation, or removal. Which?)  Cemetery or crematory St. Paul's Cemetery  Location Clearspring, Md. R. D  18. Funeral director Snyder-Rowland Fune ral Home Address Clear Spping, Md.	Where did injury occur?
19. Dec. 13 1945 Glast Bowers	DR. VICTOR D. MILLEN M. D. or other

Registrar



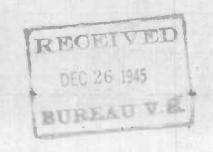
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH:  County Washington  City or town Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  41 East Franklin St.  How long in hospital or institution?	(If outside city or town limits, write RURAL and give nearest town)  Street No. 41 E. Franklin St.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Ira Wilmington Spre	cher 3.(b) Social Security Number 214-09-9122
male white married married	MEDICAL CERTIFICATION  2D. DATE OF DEATH. Dec. 17 19. 45 at 10:30 Pm
6.(b) Namo of husband or wife Catherine Sprecher  5.(c) If alive, give age 38 years deceased (mo., day, yr.)  March 8, 1890	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  25. To 19.
8. AGE: Years Months Days If less than one day 55 9 9hrsmin.	Cormany thrombous, 3 weeks
9. Birthplace. Tilghmanton, Wash., Md.  10. Usual occupation. Sheet Metal  11. Industry or business Aircraft    12. Name. Daniel Alex Sprecher   13. Birthplace Tilghmanton, Md.	Bue to  Bue to  Diher conditions
14. Malden name Annie Moats 15. Birthplace Tilghmanton, Md.  16. Informant Mrs. Catherine Sprecher Address Hagerstown, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please nnderline the cause to which death should be charged statistically.
Burial Bale thereof Dec. 20, 1945  (Burial, cremation, or removal, Which?)  Cemetery or crematory Manor Cemetery  Location Tilghmanton, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director Scott F. Minnich & Son  Address Hagerstown, Md.  19. Dec 20 18 45 Place Bowers  (Date ree'd by registrar)  Registrar	23. SIGNATURE M. D. or other



2411 N. Charles St., Baltimore (341)

# CERTIFICATE OF DEATH

301

	Reg. Ditt. No
1. PLACE OF DEATH:  County Washington County  City or town 11 jams port RFD #2 MD  (If outside city or town limits, write 10 RAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Maryland County Washing to n  City or town Williams port RF #2  Piff outside city or fown limits, write flural and give nearest town)
Hospital, Institution, or street address where death occurred:  68 yrs	Pinesburg Md Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Edward Benjamin Staley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 2. 2. 3. 19.4.5. at
6.(b) Name of husband or wife. Edna Banzhoff Staley  6.(c) If alive, give age 69 years  7. Birth date of deceased (mo., day, yr.)  Nov. 27 / 8 7 7	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1943.19
8. AGE: Years Months Days It less than one day 68 0 26	Immediate cause of death  Chronic My o conclude  2 900
9. Birthplace	Due to.
12. NameJoseph Staley 13. Birthplace Maryland	Dther conditions
14. Maiden name Mary Ann Martin 15. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Edna B Staley	Autopsy results
Address Williamsport Md FRD #2  Burial  Burial Dec. 26 1945  (Burial, cremation, or removal. Which?)  Burial (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory St. Pauls Cometery Western Pike near ClearspringMd	Where did injury occur?
18. Funeral director Edith V Leaf	Mesne of Injury Injured et work?
Address #7 Church St. Williamsport Na.  18 December 26.1945 - Misse der M. Berister	23. SIGNATURE David P. Brewer M. D. or other M. D. other M.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRITE

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# ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. PLAINLY, WITH UNF. is especially important.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 40

#### CEDIFICATION OF DEATH

12813 Reg. Dist. No. 304

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Washington  City or town Hand City or town limits, write RURAL and give nearest town)  How long in above place of death? Jayres.  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stale. Marxland. County Washington  City or town. Hancock  (If outside city or town limits, write RURAL and give nearest town)  Street No. W., Main St.  (If reral, give LOCATION)  2.(a) the veteran, name war.
Margaret Tamson Stotler	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE DE DEATH /2-30 19 45 at /0:30 P.M
6,(b) Name of husband or wife. C.L. a. r. e.s. M. Stotler  6,(c) Name of husband or wife. C.L. a. r. e.s. M. Stotler  7. Birth date of deceased (mo., day, yr.) March 6 1862  8. AGE: Years Months Days It less than one day  8. AGE: Morgan Co. W. Va.  9. Sirthplace. Morgan Co. W. Va.  11. Industry or business  12. Name. Thomas Stotler  13. Birthplace Morgan Co. W. Va.	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from    12-30
14. Malden name Elizabeth Ann Bishop  15. Birthplace Morgan Co. W. Ya.  16. Informant Edward A. Stotler  Address Hancock, Md.	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burlal, cremation, or removal, Which?)  Cemetery or commetery Oakland Methodist Church  Location Oakland W. Va.,	22, VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
01 1. 2 2 +	Means of Injury Injured at work?
18. Funeral director Charles 13.35  Address Harles Md  19. Milling 19. 46  (Date ree'd by registrar)	23. SIGNATURE Herhert R. Zolias M. D. or other  Address Hancoch Mol. Date signed 1 - 2 46



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1448)

# CERTIFICATE OF DEATH

12814 og. Dist. No. 203

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County WashingTon	State Maryland county Washington
City or town 10 10 10 10 10 10 10 10 10 10 10 10 10	
How long in above place of death? 2 y.Y.S.	City or town Rura Huyetts Crossroads (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Nezy Huyetts Cross Toads
Huyetts Crossroads	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Jane Carson Streightiff	
4, Set J. Color of face O. (C) Office, married, wholes, of distributed	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH December 27 19.4.5 at 6 M
6.6) Name of husband or wife Daniel Streightiff	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dec. 1 19 45, to Dec 27 19 43
7. Birth date of deceased (mo., day, yr.) March 28, 1872	and that I last saw h. 8 Mar. allve on 20 20 20 20 20 20 20 20 20 20 20 20 20
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Duration
73 8 29hrsmin.	
9. Birthplace AMAY ZATA TU ton Co., PENNZ. (Town, county, and state)	Due to
1D. Usual occupation House wife	Bue to Nous Ryanana,
11. Industry or business	DUE LU.
12. Name Robert Carson	Dther conditions
12. Name Robert Carson  13. Birthplace Treland	
# 14. Maiden name Sarah Happengardner	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Mrs. Harry Streightiff	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Huyetts Crossroads	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof Dec. 30, 1945 (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Amaranth Brethren Church	Where did injury occur?
Location Am = Y > nth , Penna	Injured at home, farm, Industry, public place (where?)
	Meene of Injury Injured at work?
18. Funeral director. Chayles R. ISasT	Olack
Address Hancock Md. 2 + 101	23. SIGNATURE
10 Dec. 29 1045 - Sur M toolly	23. SIGNATURE.  M. D. or other
(Date rec'd by registrar)	Address Welliams Sout Md. Date signed 128/48

JAN 8 1946 BUREAU

M. D. or other

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 4900

CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington County State Maryland county Washington Street No. Williamsport, Maryland (If rural, give LOCATION) Williamsport, Md. How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Roman Franklin Taylor 220-09-7707 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Married 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ... Ethel Clark Taylor 7. Birth date of April 10 1878
Months Days | If less than one day deceased (mo., day, yr.) DURATION 8. AGE: mas 67 9. Birthplace Franklin County (Town, county, and state) 10. Usual occupation Mechanist Bester & Long Co. Hagerstown 置 12. Name......Joseph Taylor 13. Birthplace Franklin Co. Pa. (Include pregnancy within 8 months of denth) Sarah J Hose Major findings of operations..... Franklin Co. Pa. 15. Birthplace Ethel Clark Taylor PHYSICIAN: Please underline the cause to which death should be charged statistically. Williamsport, Md. Address Date thereof Dec. 31 22. VIOLENCE: If death was due to external causes, fill in the following; Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or crematory Riverview Cemetery Williamsport, Md. Injured at home, farm, industry, public place (where?) ..... 18. Funeral director Edith V Leaf Means of Injury Williamsport, Md. Address 23. SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-0)

Reg. Dist. No.

CERTIFICA	TE OF DEATH
1. PLACE OF DEATH:  County Washington  City or town Hagerstown, Laryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, institution, or street address where death occurred:  Washington County Hospital	2. USUAL RESIDENCE (H
tow long in hospital or institution?	2.(a) If veteran, name war
R. Ellsworth Thornburg	
1. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Wale   Widower	ME 2D. DATE OF DEATH
6.(b) Name of husband or wife Catherine Thornburg	21. I CERTIFY that death occurred
7. Birth date of deceased (mo., day, yr.)   February 12, 1861   8. AGE: Years   Months   Days   If less than one day   84   10   15	Immediate cause of death
9. Birthplace Hagerstown, Vash. Co. Md.  (Town, county, and state)  10. Usual occupation. Retired Clerk  11. Industry or business  12. Name. Robert C. Thronburg  13. Birthplace Hagerstown, Maryland  14. Maiden name. Mary E. Carson	Due to Accedental Slepped Transfloor Other conditions (Include pregn
t4. Maiden name Mary E. Carson t5. Birthplace Hagerstown, Maryland	Major findings of operations
Address Hagerstown, Maryland	PHYSICIAN: Please underline
Burial Date thereof 12-29-45 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Maryland	22. VIOLENCE: If death was du  Accident, suicide, or homicide  Whera did injury occur?
18. Funeral director C. M. Suter & Sons	Mesns of Injury Occidenta
19. 5EC. 19 19.45 Chast Bows	23. SIGNATURE

HOME) OF DECEASED: ve residence of mother) Washington or town limits, write RURAL and give nearest town) Avenue (If rurai, give LOCATION) 3. (b) Social Security Number DICAL CERTIFICATION

ancy within 8 months of death)

the cause to which death should he charged statistically.

e to external causes, fill in the following;

Date of Occamber 9th 1945

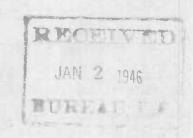
public place (where Telashington County Kespit

e falls injured at work?

Registrar

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CEDTIFICATE OF DEATH

M. D. or other

CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL of give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
May locclia Front.	3. (b) Social Security Number
4. Sex  Famely White Married, widowed for divorced  Married  Married  Married  Married	MEDICAL CERTIFICATION  2D. DATE OF DEATH DOC 15- 1945 at 50 P.
6.(b) Name of husband a wheel the school of the street of	and that I last saw it 224 alive on 19
8. AGE: Years Months Days If less than one day hrs. m  9. Birthplace Glos (Town, county, and state)	Bue to eneralized arterio -
11. Industry or business  12. Name Park Park Park Park Park Park Park Park	Due to Chrome try perfension 10 yrs  Bither conditions (Include pregnancy within 3 months of death)
14. Matden name  15. Birthplace  Blue  Book  16. tnformant	
Address Bate thereof (Burlal, erenming). Which?)  Cemetery or eremetory.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. Aug. B. Hrown Address Smithsbury and	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?

Registrar

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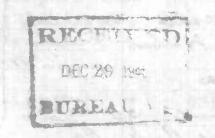
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(Date rec'd by registrar)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation can be specially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

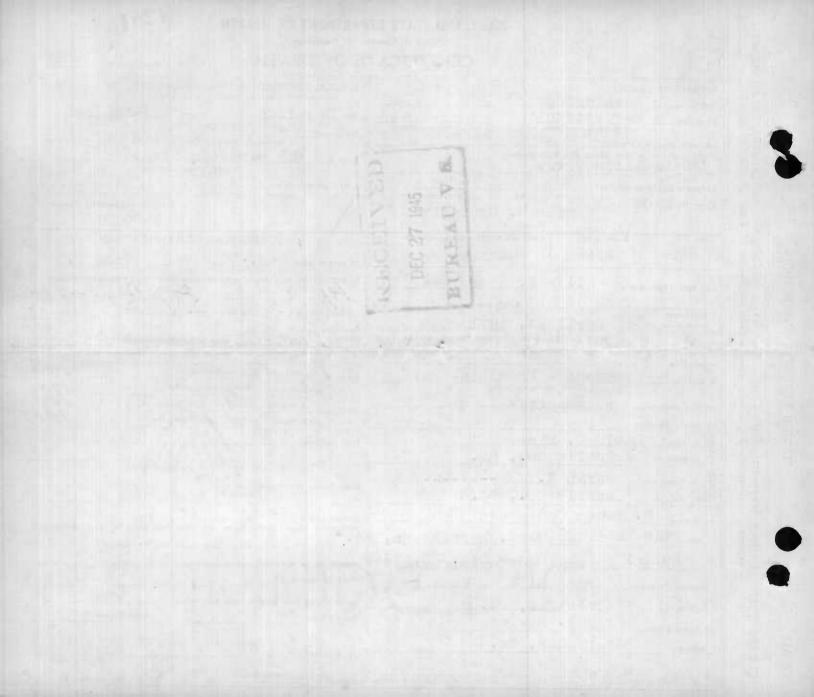
# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2 HOUAT DECIDENCE (LIONAE) OF DECEASED.		
county   Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Washington		
	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	street No. 785 Hamilton Blvd.		
785 Hamilton Blvd.	Street No		
How long in hospital or institution?	2.(a) It veteran, name war		
3.(a) FULL NAME Annie K. Updegrove	3. (b) Social Security Number None		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH Dec. 20, 1945 7.330 P.		
6.(b) Name of husband or wife Ellis L. Updegrove  S.(c) If alive, give age year  7. Birth date of	19 7 to 15 Ca 20 19 7		
deceased (mo., day, yr.) April 17, 1871  8. AGE: Years   Months   Days   If less than one day	Immediate project of stath Country Coulous 12-10-4		
74 8 3hrsmir			
9. Birihplace Waynesboro- Franllin- Pa. (Town, county, and state)	Que to Thyroloxicoris 1998 Chloric mysers 1938		
10. Usual occupation	Due to Chemic St. Nephritis. 1940		
12. Name David W. Miner	Other conditions		
I 3. Birthplace Franklin Co., Pa.			
E 14. Malden name Sarah H.	(Include pregnancy within 3 months of death)  Major findings of operations.		
15. Birihplace Franklin Co., Pa.	Date of op.		
16. Intermant E. Ramon Updegrove	Autoney results 200		
Address 785 Hamilton Blvd. Hagerstown.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following:		
17. Burial Date thereof Dec. 23, 194 (month) (day) (year)			
Cemetery or crematory Green Hill Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Waynesboro, Pa	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Fred W. Kraiss	Means of Injury Injured at work?		
Address ( Hagerstown, Md.	W. Houndyloges		
19. Ace 23, 1945 StaffSowers (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIONATURE M. D. or other  Address Degenslaw Mar Date signed Des. 221/943		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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age



# MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

# CERTIFICATE OF DEATH

1281, 30 Z Reg. Dist. No. 30 Z

1. PLACE OF DE County AS Cily or town. Hat Cily or town. Hat Cily or town in above place Hospital, Institution. Of How long in hospital or	gerstown putside city or town of death? streat address where Washin	death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of Maryland co Funks town (If outside city or town limit Street No. (If rural, give	e LOCATION)
3. (a) FULL NAMI	E	Clarg	M. Whorton		3. (b) Social Security Number
4. Sex	5. Color or race		, married, widowed, or divorced	TI	
Female	White		dowed		ERTIFICATION 16 45 11:50p
6.(b) Name of husband  7. Birth date of deceased (mo., day, y	Dece	ry Who	rton ) If alive, give age	21. I CERTIFY that death occurred on the date ab	
8. AGE: Years 7 3		Days 3	If less than one dayhrsmln.	Immediate couse of death Status & piles	terns 24 hours
9. Birthplace Mt	(Town	Wash, county, und s	1. Md.	Due to	
10. Usual occupation	Own H	lome		Due to	9,
12. Name	eorge H	armon ick Co	ounty Md.	Other conditions Copulating	Chilshon)
	Martha Mt. Len			(Include pregnancy within 3	A .
18. Informant Mr. Address 708			n Hagerstown Md	Autopsy results	high death should be charged statistically.
Burial (Burial, cremation)	, or removal. Which	Date there	December 19, (month) (day) (year)	Accident, suicide, or homicide	Bate of
Cemetery or crematory Funks town		Where did injury occur?(City or town)	(County) (State)		
Location Funks town Md.				Injured at home, farm, Industry, public place (w	
18. Funeral director Scott F. Minnich & Son Hagerstown Md.			ch & Son	Mesns of Injury	Injured at work?
19. DEC (Date rec'd by res	19 4.5	- 6%	East Bowers Registrar	23. SIGNATURE	M, D. or other M, D. or other Date signed 12/17/45

DEC 21 1945 BUREAU V K WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEA8#

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

teg. Diat. No. 302

County Washington Funkstown  City or fown. (If outside city or town limits, write RURAL and give nearest town)  75-8-8  How long in above place of death?  Hospital, Institution, or street address where death occurred:	Street No.  (If rural, give LOCATION)  (For newborn Infants give residence of mother)  State Maryland County Washington  Funks town  (If outside city or town limits, write RURAL and give nearest town)  (If rural, give LOCATION)	
3. (a) FULL NAME Emory Whorton	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	2D. DATE DF DEATH Dec. 11 1945 at 7:30 a m	
6.(b) Hame of husband or wife Clara M. Whorton  6.(c) If alive, give age 71  7. Birth date of deceased (mo., day, yr.) April 3, 1870  8. AGE: Years   Months   Days   If less than one day	21. I CERTIFY that death occurred on the date above stated; that I alrended deceased from  19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
75 8 8min.	Growto preumonia 4 days	
Near Funkstown Wash. Md.  (Town, county, and state)  10. Usual occupation.  None  11. Industry or business  None  12. Name.  13. Birthplace  Unknown  14. Maiden name.  Nancey Nally  15. Birthplace  Tilgmanton Md.	Due to	
16. Informant Leroy Whotton	Autopsy results	
Address Hagerstown Md.  17. Burial Date fhereof Dec. 13, 194  (Burial, cremation, or removal, Which?)  Gemetery or crematory Funkstown  Location Funkstown Md.  18. Funeral director Scott F. Minnich & Son  Address Hagerstown Md.  19. Dec. 13, 1945  (Date ree'd by registrar)  Registrar  Registrar	Where did injury occur?	

